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# The Eclectic Review

## A Monthly Journal

DEVOTED TO

## Eclectic Medicine and Surgery.

GEORGE W. BOSKOWITZ, M. D., EDITOR,

ASSISTED BY THE

FACULTY OF THE ECLECTIC MEDICAL COLLEGE.

VOL. IV. JANUARY 15, 1901. No. 1

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# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. IV. NEW YORK, JANUARY 15, 1901. No. 1

## GREETING.

We extend a greeting to the friends of the old Eclectic Review and to those interested in liberal medicine generally, and hope they will be pleased to learn that the Eclectic Medical College of the City of New York wth this number, not only assumes editorial management, but also becomes the publisher.

The Review will henceforth be issued by the College on the 15th of each month, and the subscription price will be $1.00 a year as heretofore, although we have doubled its size. We expect to fill its pages with original, practical and helpful articles of interest to the busy practitioner, particularly of Eclectic persuasion.

We have also established a department of Specific Therapeutics which will be in the direct charge of Prof. J. W. Fyfe whose thoroughness and ability as a writer and teacher is so well known to readers of Eclectic Journals that we feel that they will appreciate our good fortune in having secured his services. We shall report the meetings of our State and other Societies in the east from time to time. In other words, we intend to publish monthly a journal, which will contain original and selected articles, a special departments on Specific Therapeutics, and short newsy items, representing Eastern Eclectics generally. We hope to merit Eclectic confidence and support.

## PRIZE ESSAY.

At the meeting of the National Eclectic Medical Association held at Atlantic City last year it was unanimously decided to offer a prize of one hundred dollars to stimulate and encourage the writing of papers for our meetings. It was recommended to select five papers to give one hundred dollars to the best and to publish it and the four next in merit in our National Transactions. In our February number we will give whatever rules may be arranged for this contest. I hope the young practitioner will take advantage of this offer and enter in this test. I know that we have many men of good ability in the East who have never written a line for our transactions; young brainy men with just enough time to spare from a busy practice to give us papers of merit, and we have also men of many years' practice who could give us experiences if they would, that would be of incalculable benefit; do not delay, start right now to work for the honor and incidentally for the hundred dollars.

President Stanley has appointed Drs. Ellingwood, Thomas and Boskowitz as prize committee.

## MEDULLARY NARCOSIS IN LABOR.

BY MAX AUGSBURGER, M. D.

The subject of producing anesthesia by means of injecting a cocain solution in the

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subarachnoid space is now being presented in medical journals, and while we have many enthusiasts regarding this method, some few bid us "go slow" as they see danger in its use.

It has long been known that the infiltration of a nerve trunk, in any part of its course, by Cocaine, Eucaine, Nervanin or similar analgesics, is followed by a sensory paralysis of its entire peripheral distribution. The duration of its anesthetic action depending upon the dose of the drug applied and the size of the nerve. When the action of the drug has been expended the nerve gradually regains its full and complete function.

This paralyzing action of the drugs named on nerve trunks, was the "stepping-stone" to the discovery of the present method of which this subject treats.

As early as the year 1885 Dr. Corning called attention to the cerebro-spinal fluid as a diluent medium for analgesic drugs, and that the posterior roots of the spinal nerves are extremely sensitive to the action of these drugs when introduced into the spinal subarachnoid space. Since then this subject has been studied by many investigators, but it was not until Prof Bier, of Kiel, made known his results, that this new method of anesthesia was taken up with enthusiasm, and has opened a new field for study and observation.

This new method of producing anaesthesia seems to specially favor the gynaecologist and obstetrician, as its field of usefulness thus far, has been limited to the lower parts of the trunk and extremities; it is therefore as a special aid in the delivery of the woman that this subject is now treated of here.

The technic of intraspinal cocainization is carried out as follows:

A 2 per cent. solution of cocain, which should be freshly made, with water that has been boiled 5 minutes, retaining about a drachm, in this dissolve the cocain and keep warm to ensure its being sterile.

The patient's back from coccyx to middle of the dorsal vertibrea should be thoroughly scrubbed with a 2 per cent. lysol solution. She should then be placed in a sitting posture, inclining decidedly to one side, by allowing her to rest an arm on a pillow. The object of this posture is to produce a convexity of the spine upward, and increase the space between the vertebrae.

The hypodermic syringe (with special long needle 3-4 inches), should be boiled for 10 minutes and then the intervetebrael space between the 4th and 5th lumbar vertebrae is found. To insure absence from pain the part may first be sprayed with Ethyl Chloride before puncture. The needle is now slowly and cautiously introduced until you strike the subarachnoid space which will be known when a clear, limpid fluid flows out through the needle. Now attach the barrel of the syringe containing about 10-15 m of the cocain solution and slowly inject it. After holding needle for a few minutes to plug the puncture and prevent the solution from running out, it is slowly withdrawn.

Within a period ranging from 2 to 30 minutes anesthesia takes place and can readily be determined by freedom from pain on pinching the nymphae. Constitutional symptoms occassionally show themselves, such as trembling of the limbs, vomiting, &c., which are only temporary and are not due to the cocain as was at first supposed, as the same symptoms develop on injecting distilled water.

The area of anesthesia varies greatly,

the dividing line usually being on a level with the umbilicus, from here down there is complete anesthesia.

In an interesting article on this subject by S. Marx, M. D., reported in The Phil. Med. Journal, the writer, who is a staunch supporter of this method, gives a history of 42 cases of deliveries with following results:

Multiparae 14.
Normal labors 15.
Forcep deliveries 16.
Manual dilatation 3.
Perineum repaired 9.
Primipara 28.
Version 5.
Breech extraction 1.
Exploration 1.
Amount of cocain (average 1-6 to 1-2 grain.)
Anesthesia lasted 1 1-2 to 7 1-2 hours.
Result in all cases: Excellent.

Some few patients complained of headache following these injections, which were promptly relieved by bromides. Otherwise no unfavorable symptom was noted. The uterus contracted regularly and intermittently; the women when questioned regarding pain, stated that they felt something going on in the abdomen but could not explain it as it gave them no pain.

The cervix dilated promptly in nearly all cases, and where needed it readily gave way to manual dilatation, as reported by Dr. Marx the cervix appeared to melt away from the fingers under the influence of the anesthetic.

Whether or not the application of this method will rank as an epoch-making event in our art will depend entirely upon future experience, but if the present success is any criterion regarding the future of this method we are certainly on the right road to rob the delivery of the woman of its greatest dread.

Brooklyn, N. Y.

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## EYE STRAIN.

By Alfred W. Herzog, M. D.

If we were still believers in the old style of Politheism, as were the old Greeks, Romans and Germans, then surely the inventor of eyeglasses, were he known, would be revered as a semi god, if not as a full fledged deity.

And this rightly; for eyeglasses are not only symptoms and signs, and by no means evils of civilization, but they are good Samaritans, which make it possible for a great many poor mortals, who are obliged to struggle and strive in this vale of tears, to endure the struggle and even to sometimes enjoy it, who otherwise would fall exhausted by the wayside long before they have reached the end of their journey.

Show me the country in which more people wear spectacles than in any other, and I will show you the country in which a greater number of people are civilized than in any other.

I do not wish to say that everybody wearing glasses is cultured, but that everyone nearly, who is obliged to wear lenses is suffering from the blessing (?) of civilization.

Go into countries where civilization has not yet penetrated; go into farming districts and on the prairie and look around you. Do you find many people wearing glasses? No. Neither do you find many people who need glasses, tho undoubtedly a great many, even in the farming and stock raising countries would be benefited greatly by wearing spectacles. Proper fitting glasses are in all cases a

help; sometimes a necessity, sometimes a luxury, but never an evil.

To farmers and stock raisers glasses can generally be found to be an article of luxury, while to the man who lives and works in the city, glasses are generally a necessity.

And why is this so, and why are glasses more universally used in the city than in the country?

Because city life and civilization, and both are nearly synonymous, put far greater demands on the eyes than country life.

For country life comes far nearer to natural life than city life, and because in natural life our eyes are used for natural purposes only.

What are these purposes may be asked?

To find our way without the aid of other senses; to get out of the way of danger; to recognize our friends and to shun our foes; to find our food; to select our mate; to enjoy the beauties of nature in general. In a natural state of life we rise with the sun and go to sleep when it becomes dark.

Out of a thousand people you can hardly show me one, who would strain his eyes, did he live as nature intended him to; you could hardly show me one, whose sight would not be sufficient for his use.

You could not show me any who would be suffering from this curse of civilization, "Eye Strain."

Yet let us look at the life of civilization, at the life of culture, at the life of cities.

How everything is changed.

Does not civilization make the greatest demands on the eyes?

Many indeed rise from their sleep with the sun; but how few return to rest when darkness follows the light of day?

The eye, which has been strained and overstrained all day, is as soon as it grows dark strained still more. It has already worked hard for twelve hours, now when it is tired it is taxed still more, it must keep on working by artificial light.

It is like racing a horse to a light buggy all day, until it is ready to drop from sheer exhaustion; then, when it has well merited rest, to hitch it to a heavy truck and to make it haul a heavy load up hill, until it really gives out.

This is done to the eyes every day.

Looking into distance is to the normal eye like walking without any load is to a horse.

Looking however at near objects, like reading, writing, typewriting, typesetting, engraving, sewing and so forth, is like trotting, like racing to a horse.

When however it comes to doing the same things by artificial light; especially when the eyes are already tired from having worked for twelve of more hours, then my simile is complete; it is like driving a tired horse with a heavy load, up hill.

This is what civilization does to the normal eye.

If we, however, can realize what it must be to a lame horse to do the same task that is far too great for a healthy horse, we should also be able to understand how hard it must be for an abnormal eye to strain and struggle to accomplish the hard work laid out for it, day by day. The average eye is abnormal. In fact, when measured by the tasks that it is expected to accomplish, the mene, mene tekel upharsin: "Thou hast been weighed in the balance and hast been found wanting" must be pronounced after the examination of the vast majority of eyes.

It is not easy to diagnose every case of

eyestrain as such, as in only a minority of cases the symptoms point towards the eye as the offending organ.

It is true that most people who come to the oculist to have their eyes examined suffer either from defective vision or from symptoms which are easily recognizable as eye symptoms, as for example: Pains in the eyes, watering of the eyes, blurring of vision, inflammation of the eye lids, styes or headaches.

Yet it is a fact that a great many people who are actually suffering from eye strain and are perhaps physical and mental, aye even moral wrecks on account of their eyes, never think to have their eyes examined, because not a single one of their symptoms leads them or their physician to suspect that all their trouble might be corrected by having their eyes tested and wearing the proper glasses for the correction of their eye strain.

In all these cases in which there is the slightest possibility of the trouble being caused or aided by eyestrain, the only possible thing to do would be to send the patient to an oculist, by no means to an optician, for the purpose of having the eyes and eye muscles properly examined, so as to ascertain, whether or no eye strain be present.

The list of conditions and diseases which may be caused or made worse by eye strain is a rather long one; yet it should be remembered, as the correction of the eye strain will in some cases be the sovereign and only remedy, as it removes the cause.

Epilepsy, chorea, hysteria, neurasthenia and neurosthenia, alcoholism as also the various drug habits may be caused by eye strain and cured by correcting the same.

Cases of paralysis, insanity, diabetes, asthma, hayfever, functional heart disease, indigestion, prostatitis, ovaritis, dysmenorrhoea and even Brights disease and consumption may sometimes be caused and sometmes aggrevated by eye strain, and accordingly either entirely cured or improved by the treatment of the same.

And still the list is not complete.

An examination for the purpose of discovering and correcting eye strain is not as easy as generally supposed.

While some cases present hardly any dunculties, there are others in which the patience of the patient as well as that of the physician is severely tried.

The simpler cases are those, in which the errors of refraction and muscular anomalies are so great, that even with a great degree of straining the patients do not achieve normal vision.

It is generally possible to improve their vision greatly even without the use of any cycloplegic, and as soon as the latter is used the total amount of the defect can usually be determined and corrected so as to perfectly relieve them.

The difficult cases are generally those in which the refractive error is so slight that it can be entirely overcome by an excessive amount of innervation, so that vision is generally normal and such a patient, when tested will be likely to accept a variety of glasses and be able to see well with either of them, while as a matter of course, only one of them can be the correct one.

Not the slightest result can be arrived at in these cases, without the use of a cycloplegic, and even then the latter should be used for a longer period than is usually the case, so as to be quite sure that the eye has had sufficient time to relax entirely.

Yet even in these cases the patient should remain under observation for quite some time before the final glasses are prescribed,

as the axis of an astigmatic eye is sometimes different under the influence of a cycloplegic than without, and it might take some time to determine the proper axis of the cylinder to be used.

The most difficult cases are however those in which there is a muscular insufficiency, which simulates either orthophoria or the opposite from the heterophoria present.

Some of these cases will change their aspect at every examination for weeks and it will take very careful tests and very careful and often repeated examinations to actually determine the quality and quantity of the defects.

Several months are very often required to come to a satisfactory result and too often do we find patients who are disappointed, because we decline to furnish them with glasses to relieve their eye strain after the first examination.

154 E. 30th Str., N. Y. City.

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## "ECLECTICISM" THE LOGICAL DEVELOPMENT OF MEDICAL HISTORY.

By Byron Clark, M. D.

Hippocrates, who flourished five hundred years before Christ, first gave a limited nomenclature to diseases by describing and formulating symptoms from close observation of physical conditions.

He disclaimed dogmatism, but at the same time was one of the most dogmatic. He relied on observation, closely following the dictates and demands of nature, normal or abnormal.

Contemporary with the dogmatic or studied methods of Hippocrates, the Cnidians claimed greater details, with less logic and less system.

The humeral theories of disease were rife under these rival medical teachings. The Empirics or empirical school of medicine came later; asked no reasons, how, nor any why, but allowed observation, and observation alone, to answer what remedies did or did not do, what treatment accomplished or did not accomplish.

The "what" once answered fixed the status of both remedies and treatment, and constituted a school, based upon remedies, empirically administered, with little or no regard to pathological conditions, or constitutional ailments, but simply observation of remedial effects.

Following empiricism came a school of medicine, known as the "Methodists," originating with Cleophantus of Alexandria, Asclepiades of Bythynia, promoted by Cicero and established by Themison at Rome. They taught that all diseases originated by metabolism or minute changes in the solids of the body; remedies were of the mildest character and nothing was allowed to disturb the solids. Rest was rigidly maintained, while nature quietly eliminated disease.

Alteratives originated under the teachings of this "Methodist" Medical School.

Immediately following the Methodist Medical Schools came the Eclectic or Episynthetic School, originated by one of the most learned physicians of his day, Aulus Cornelius Celsus, who claimed to select and cull everything of the best in both practice and remedies from his predecessors as well as contemporaries. He avoided dogmatism and chose only their highest and best teachings, he considered observation, even the most critical, a field too limited for highest skill in medical practice.

After absorbing the very best from all

sources at his command, and representing at that early day the highest ideas of modern Eclecticism, or Episyntheticism, he died lamenting the fact, that his resources for selection and application were not greater, broader and more accurate in detail.

From his day on for several centuries, this eclecticism of Celsus was the prevailing practice, and no change was attempted, until Galen, who tried to combine the selections of Celsus with the theories and dogmas of Hippocrates, but not with sufficient success, to found a school of Galen practice.

The seventeenth century sees a revival in medical teaching, especially on chemical lines, hence in the days of Willis and Leyden they had chemical physicians, who wielded great influence on the medical practice of that day.

The discovery of the circulation of the blood by Harvey brought forth mechanical doctors and mechanical practice.

Boerhaave of Leyden endeavored to combine the chemical and mechanical practice into an eclectic system, which should also absorb dogmatism, and eliminate empiricism, by illustrating his practice through clinical lectures, the first ever delivered in medical teaching. His was a complete eclectic teaching, combining dogma, mechanics and chemistry.

Suydenham, a bright, meteoric medical light, revived Hippocratic medicine so successfully, that rivals sprung up on every side, and medical practice and theory ran wild, Ancinism, Psyco-Viatlism, with Solidism, Neuro Pathology with Soul Power, as the governing element in all diseases, Mind and Body.

Then came the theory and practice of Nervous Excitability and Tissue Irritability as the cause of all diseases, and by the aid of chemistry arose the use of anodynes, sedatives and narcotics.

This practice seemed compromis ground, and the factions disappeared almost entirely for nearly a quarter of a century.

Then about the middle of the 17th century came the Sthenic Theory of Disease, and the practice based on this theory prevailed for nearly three quarters of a century. Under this practice all diseases were febrile and highly inflammatory, and must be met by constant and rigid depletion. This gave rise to the heroic use of mercury, calomel, jalap, tarter emetic, blood letting, blistering and the most nauseous medication that could be devised by the doctors and chemists, and a physician's reputation in these days depended more on the powerful effects of his remedies, than on his ability to cure.

Emetics that did not lift a patient off his feet at each eructation, were "no good," and a cathartic that did not go through one like a cyclone, was mild treatment.

The rise and development of Asiatic Cholera into the most violent and fatal epidemic, Europe or the continent ever saw, was followed by its introduction into the United States in 1832, carrying death and desolation along every avenue of travel, devastating cities and towns in its course, by a fatality before unknown in this country.

This calamatous epidemic changed all diseases from the sthenic to the asthenic type and was the death knell to the sthenic theory of disease and the heroic practice based on the "Sthenic Theory."

History records the fact that the prevailing heroic practice of that day added greatly to the mortality of all diseases; this fact became so patent, that in Europe Hahna-

mann proved that no treatment was better than the prevailing practice of that day, and launched his infinitesimal dilutions with success on a suffering public.

In this country the Thermalism of Thompson, the Herbalism of Beach, the conservatism of Morrow, the rationalism of Newton and the Specifications of Scudder called a halt and radically changed the practice of medicine, in order to meet the asthenic conditions of all diseases, which followed this fearful epidemic, and to-day all progressive practitioners administer the mildest and most pleasant remedies, which do much to make a sick-bed a pleasant retreat.

The cell theory of disease has passed by, and we are now in the throes and worries of bacteriological investigations, with a practice in all schools based largely on specific medication, and all in the wild race to discover what microbes are benign and which malignant, what specific bacteria will kill some other specified bacteria. They are selecting toxins and anti-toxins, discovering ptomaines and antiptomaines, and by aid of the microscope, chemical analysis, spectral analysis, electro analysis, bacterial culture and minute chemical reactions, we enjoy an age of speculative investigation, never before known.

In order to make "specifics" a success, a diagnosis is a first necessity—and to make "Specific Medication" a success, a positive diagnosis is an absolute necessity.

Hence let our greatest aim at the beginning of the 20th century be, to perfect our diagnosis, and make it positive, just so far as the advance of pathology will allow.

New York City.

## SOME NEW THOUGHTS ON DIABETES MELITUS.

By Max Meyer, M. D.

The substances of one's daily food consist of Albuminates, Carbohydrates and Fats, which being mixed with the digestive ferments (Ptyalin, Pepsin, Trypsin, etc.,) in the digestive tract are conveyed into the blood circulation. A real chemical decomposition of the so-prepared food molecules does neither take place in the intestines nor in the blood but exclusively within the cells of assimilation.

The animal gastro-intestinal tract is not a retort in which chemical changes take place nor can the chemical retort imitate the vital process of the cell.

The food molecule in the form in which it is brought to the cell will not and cannot be absorbed, but by inherited chemical and biological forces the cell splits up the food molecule into its atoms and selects from them those groups which are necessary for the maintenance of life. The unabsorbed atoms which possess the highest degree of activity unite with already used substances coming from the cells to form the known and unknown products of regressive metamorphosis. If the cell is free from any poisonous material i. e. normal it selects from the atoms of the food molecules such groups which possess positive and negative properties, whereas the rest being of no use for life is excreted.

If the cell has received as food f. i. 4 mol. sugar, plus 2 mol. water, 1 mol. albumen but no fat, we have administered the following atoms:

4 mol. sugar equals 4 ($C^6$, $H^{12}$, $O^6$) equals 24C plus 48H plus 24O.

12 mol. water equals 12 ($H^2$, O) equals 24 H plus 12O.

1 mol. albumen equals 53C plus 7H plus 21O plus 16N plus 0,4Fe plus 0,39S.

Total—77C plus 79H plus 55O plus 16N plus 0,4Fe plus 0,39S.

From this atom complex the cell selects the most active elements—sulphur, iron, nitrogen and oxygen. After using them partly the rest mixes with the unused atoms which now being reduced leave the organism as Carbon Dioxide equals $Co^2$. Urea-$CON^2$, $H^4$. etc.

Although the cell has not received any fat, it will form the same by its selective power from the above named atomcomplex, but when this force is quantitatively impaired the most active elements as iron, sulphur and nitrogen will be absorbed and the less active ones as oxygen and hydrogen in proportion to their activity, the former more than the latter. The rest of the atoms consist therfore of carbon, hydrogen and some oxygen, for which the cell having no further use produces retrogressive metamorphosis i. e. excretion.

The "cellmolecule" (Dr. Kreidman, the eminent German scientist in his interesting work, "The nerve-circulation" which I recommend highly, gives a new view of the cell, which he demonstrates to consist of cell-molecules resp. cell-atoms, was able to attract by its free affinities the necessary oxygen, the unused parts of the foodmolecule were set free and became reduced to fat, which—being neither diffusible nor soluble—deposits upon the surface of the cell.

If on the other hand the free affinities of the cell is qualitatively impaired the electropositive atoms are attracted only, while the electronegatives do not enter into a union. In this case the cell takes up nitrogen and iron only and nearly all of the oxygen together with the not reduced carbohydrates—all of which being diffusible and soluble—are excreted and secreted as sugar, acetone etc.

Statistics show that Diabetes melitus is found more in males than in females (80:20) and the age between 30-60 years presents the greatest number of patients.

The reason we cannot give here, on account of the limited space at our disposition, but it has a perfect explanation which terminates in the statement, that the kind of sugar-formation which is peculiar to Diabetes Melitus (the temporary production of sugar due to engorgement of the blood circulation does not come into consideration here) does not depend upon a certain peripheral organ or a centre in the brain, but upon all histological cells of the entire organism, which having lost qualitatively the affinities of their chemism become defective. There is neither a brain-centre nor a peripheral organ which can engage for years solely in the production of sugar, but all cells of the organism can reduce the ingested food into sugar or acetone. The logic of this is that in the symptomology of Diabetis Melitus sugar plays a secondary roll.

If we compare the symptoms of senility and diabetes, we find both to be similar, viz:

Gangrene of the lower extremities, formation of cataract, chronic abscess of the feet, imperfect healing of wounds, atrophy of the entire organism, notwithstanding the ingestion of food, disappearance of the sexual functions, bluntness of the psychical functions up to insanity, loss of teeth, angina pectoris, chronic catarrh of the respiratory tract, gangrene of the lungs, necrosis of internal organs, etc. In both we see that the cells have lost certain properties, the old cell is entirely saturated, all

affinities are satisfied and therefore the vital power is extinguished. In the young cell the affinities want to be satisfied, it desires to live and feels that this is possible only by ingestion of plenty of nourishment. For this reason the stomach has to take up enormous quantities of food in order that the cells can select from a multitude of food-molecules one single atom group only which is suitable for them, hence the voracious appetite in Diabetes mell. With the food also, plenty of water must be taken into the system but the polyuria is not caused by it alone, there are two other factors, namely the heart has to do a far greater work than normally, because it has to force the increased number of food-molecules into the system. For this reason we have the heart beat not alone increased in number but also in force. Here each heartsound is full and has a sonorous musical timber, each pulsewave is abnormally high and resembles the pulse of a fever-patient although the temperature is inclined to be subnormal.

A reinforced heart action produces naturally an increased diuresis. Secondly the so-called "insensible perspiration" is reduced to a minimum and also must be replaced by diuresis. These two factors, together with the voraciousness for food and water produce polyuria and explain it satisfactorily.

If we accept the formation of sugar in the cells of the whole organism it becomes evident that the danger of the disease does not lie in the sugar production but in the premature senility of the cells, which is due to infection derived from a scrophulous tendency and the disposition for the latter is inherited and not the disease itself.

Is Diabetes mell. a branch of scrophulosis then all the laws and treatment of the latter can be applied to the former and it follows that the danger of Diabetes mell. (as well as insipidus) stands in an inverse proportion to the age of the patient.

If we divide the symptoms into active and passive ones, we have to classify the sugarproduction of the cells under the passive symptoms which show the paretic but not the paralytic condition of the cells.

True enough a dead cell ceases to produce anything therefore no sugar, but if the cell has its full vitality it produces from the foodmolecule more than sugar, hence in the production of sugar the cell must be in a lethargic (paretic) condition.

We must not forget to speak about diabetic coma, which is so much feared. Its cause is so far unknown but we have good reason to state that it is an autoinfection of the diabetic organism due to an altered scrophulous poison. We find that the frequency of diabetic coma stands in an inverse proportion to the age of the cells.

In conclusion we can say that from the foregoing it is reasonable to believe that Diabetes is a descendant of scrophulosis and its danger does not lie in the sugar-production but in the premature senility of the cells. Therefore in our therapy we must not lay stress upon the sugar but should treat the premature senility of the cells to bring back active normal life, which is the eternal battle between the free and combined affinities of a non-saturated chemical union.

New York City.

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## CHLORETONE.

By W. L. Heeve, M. D.

Having had occasion to try chloretone in twenty-nine cases, I beg to submit to you my experience.

It is claimed that chloretone belongs to

the fatty acid series and is formed through the interaction of chloroform acetone and an alkali. It is a white crystalline compound, having a taste and odor similar to camphor.

It is claimed that the pulse rate is slightly lessened but that the heart remains normal under its action, even in large doses.

My experience has proven to me that in small doses (2 1-2 grains) often repeated, it has a slight depressing action upon the heart, but in large doses (10-20 grains) repeated has certainly a very decided depressing action upon the heart, reducing the force and number of heart beats.

In six cases of chorea, it failed to produce improvement and certainly will never take the place of our well tried drugs, cimicifuga, passiflora and the like.

In twelve cases of insomnia due to mental worry, it acted most charmingly, especially with patients of the nervous-sanguinous temperament.

I have tried it in five cases of insomnia, due to alcoholism, with fair success, but cannot say that I would substitute chloretone for our better acting drugs. In this condition of late I have tried apomorphine in 1-150 gr. to 1-50 gr. doses hyperdermatically with excellent results.

In three cases of alcoholic gastritis, it failed to stop the nausea and vomiting, even failing to overcome the insomnia. To one of these cases, I gave ten grains every two hours, until sixty grains were taken in all, it only produced drowsiness and a feeling of numbness throughout the entire body, I then gave him Bella, which was indicated and later Pulsatilla and capsicum with success.

In one case of reflex vomiting due to cancer of the osuteri, it arrested the reflex vomiting several weeks by continued treatment, also by the local application of about twenty or thirty grains to the cancerous surface twice daily, gave the patient great ease from pain for a period of five weeks, but was then compelled to resort to morphine.

Two cases of ulcers due to burns, chloretone applied to the surface, after thorough irrigation with normal salt solution, produced rapid healing but gave no relief from pain.

In summing up I would state that chloretone is indicated in insomnia, due to mental worry and the so-called nervous exhaustion, especially the nervous sanguinous patients.

We as specific medicationists have better drugs for the above conditions and seldom will we have occasion to resort to synthetic preparations.

Our allopathic friends are becoming monomaniacs upon the subject of synthetic preparations, because they fail to recognize that it is the physician's duty to analyze carefully the symptoms and their causes, in each case, thereby being led to the indicated drug, and not give drugs for a name of a disease, as mercury in syphilis and quinine in malaria, but study the symptoms, their cause, then select your drugs.

872 Herkimer St., Brooklyn, N. Y.

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## LACTIC ACID.

By Peter Nilssen, M. D.

Lactic acid is a limpid, syrupy liquid of a slight lemon-like odor and very sour taste. The specific gravity of the U. S. P. lactic acid is 1.21, its strength being 75 per cent. of the pure acid. Its formula is $H\ C^3\ H^5\ O^3$ and may be considered as oxypropionic acid.

Three isomeric varieties exist: One produced by the fermentation of lactose,

which is official; another produced by the fermentation of inosite, is normally found in muscle plasma and meat extract; the third, sarcolactic acid, is found in muscular tissue in conjunction with the preceding form.

It plays an important part in the human economy by acting as a solvent of calcareous matter, as a source of heat and as an aid to digestion and assimilation.

Exposed to a temperature of 150° C. it loses a molecule of water and is converted into lactic anhydride or lactide, $C^3 H^4 O^2$.

From the U. S. Dispensatory I cull the following:

"Lactic acid was first recommended by Magendie as a remedy for dyspepsia, it being a normal constituent of the gastric juice and other secretions. It is best taken in sweetened water at mealtimes. the dose is dr. i to dr. iii daily."

The lemonade makes quite a pleasant drink but when large doses are indicated, I would rather give it in milk, with which it forms a mixture similar to "Matzoon." I have taken that way as much as dr. 1-2 at one dose, no untoward symptoms supervening.

For the lemonade I take M viii-M x to a glass of sweetened water.

The indications for lactic acid are as follows:

Sensation of hunger before meals but still no appetite when at the table.

A bloated feeling after meals.

Dyspepsia with bitter eructions, frontal headache and a pale bluish tongue.

Intolerance of pressure over the region of the stomach.

A rough, dry appearance of the surface.

Dry eczema, psoriasis and pruritus due to a lithoemic state of the blood are promptly relieved by the local application of the diluted acid. I employ it in the strength of dr. i, oz. iii when a lotion is used and dr. 1-2, oz. i, in ointment form.

In vaginal leucorrhea I use a solution of the acid dr. 1-2 in glycerine oz. ii on tampons. So far, I have had excellent results with this treatment.

In diphtheria it is recommended as a spray in the proportion of dr. i to dr. iv.

On account of its action as a cellular solvent it forms a good application for corns, warts, blackheads, etc.

For gastro-enteritis in children as well as adults it is variously recommended in doses of from M i to M v. I prefer using it in smaller doses often repeated. When given in the acute stage of cholera infantum with vomiting and purging, it has never yet failed to do the work. One indication in these cases is the "spinach-stools" greenish evacuations containing undigested fragments of cheesy matter. Vomiting due to difficult dentition is easily controlled by it.

From my experience with it in digestive disorders, I would deem it worthy of a trial in typhoid fever, more especially during the first week. Then I would give it in milk in M v to M x doses or even higher. The condition of the patient should be closely watched and the indications for its use present when the drug is administered because it will act promptly and may do harm when improperly given.

It dissolves phosphatic and oxalic deposits and consequently ought to do good in calculi.

It is highly recommended in gout, but I have had no experience with it in that disease.

In scabies I have used it combined with sulphur in the form of an ointment. It relieved the itching almost immeliately

and in three days I had the disease under control.

A 50 per cent. solution makes a good local application for chancroids.

Sodium-lactate I have given in several cases of chronic rheumatism, but without any definite results.

In one case of lymphatic leuchoemia it promptly established the menses which had been absent for five months and this was followed by a rapid diminution of the glandular swellings and general improvement. As I lost track of the case after a treatment of two months and a half I do not know whether a cure could be established.

The salt deserves a trial in membranous dysmenorrhea.

In infectious diseases, accompanied with clotting, it will promptly bring on resolution and lower the temperature, but unfortunately, it will at the same time cause a dangerous prostration which may result in heart failure. I never noticed any depression when the acid itself was used.

Strontium lactate is claimed to be curative in diabetes. It has been given in doses of gr. xx to dr. i daily. The bowels must be looked after when large doses are given.

The lactates of iron and manganese have been highly recommended in chlorosis and amenorrhea due to this cause. Iron lactate has a less unpleasant taste than any other preparation of iron.

It is soluble in 40 parts of water; insoluble in alcohol. Doses, gr. v to xv daily in syrup, pill or lozenge. It may also be given with citrate of sodium, in a solution of which it is freely soluble.

Zinc lactate is soluble in 60 parts of water. It has been successfully used in epilepsy in doses of gr. ii t. i. d. one hour after meals. It goes well with Belladonna. It is better borne and more easily assimilated than the oxide of zinc.

Quinine lactate and the lacto-phosphates I do not need to mention here as the acid in them is hardly more than a vehicle for the other constituents.

Lactic acid is contra-indicated in tertiary syphilis and tuberculosis; in persons with a smooth transparent skin and increased mucous secretions.

It must be used with caution in pregnancy and heart disease, and in persons predisposed to catarrh as when it is given in excessive doses or too long, it causes a soreness of the mucous membrane everywhere; it will produce an intensely sore throat, distress and a feeling of emptiness in the stomach and may cause menorrhagia or even abortion.

In two cases of dyspepsia it caused rheumatoid pains of a transient character. It is reported to cause rheumatism in diabetics but in the two cases mentioned I did not find any evidences of this malady.

Lactic acid is supposed to have something to do with the causation of osteomalacia in pregnant women. In this there is diminished alkalescence of the blood and lactic acid is present in the bones giving the tissues an acid reaction. The relation of lactic acid to this disease, as well as rachitis and malignant tumors deserves thorough investigation.

## DEPARTMENT OF
# SPECIFIC THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Specific Therapeutics.—This term is employed to specify that branch of medical science which treats of the adaptation of each remedial agent (guided by the symptoms, or disease expressions), in accordance with its selective action upon any organ or part, for the restoration of such organ or part to its normal condition.

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Eclectic Remedies.—Many drugs are frequently spoken of as homœopathic remedies, allopathic remedies and Schussler's tissue remedies, but no such distinctions will be recognized by this department of the Review. Eclecticism is broad enough to cover nearly the "whole thing" in medicine, and therefore all good remedies are Eclectic remedies. Let us carefully restudy our old remedies and see if we cannot obtain further and more valuable indications for them.

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New Ideas.—If Eclecticism stands for anything it surely is for its advanced knowledge of therapeutics, and by the very nature of its position in the medical world, this must ever be the case. We should, therefore, at all times, be on the lookout for new therapeutic ideas, no matter how small or from what source derived.

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Valuable Knowledge.—Dr. Schussler's careful investigation of a few common and well known salts has been the means of presenting to the medical profession much valuable therapeutic knowledge, as well as a great deal of rot and very thin moonshine. Eclectic physicians were among the first, as usual, to separate the worthless from the good.

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Possibilities.—Doctor, there are great possibilities in the phosphate of iron, potossium chloride, calcium fluoride, calcium phosphate and calcium sulphate. Don't fail to do a little thinking on this subject, and give us the benefit of your thoughts.

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It is Still the Same.—The phosphate of calcium is the phosphate of calcium, whether you call it calcarea phosphorica, a tissue remedy or by any other name. The discovery of a few new specific indications for an old and common remedy furnishes no valid reason for attaching a doctor's name to it, or holding it apart from its regular place in our materia medica.

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A Few Winter Remedies.—When the pulse is small and frequent, with increased temperature, aconite is a sedative of great power. In hard, dry coughs it constitutes a very efficient cough medicine. R. Aconite, gtt. iii. to x, water, oz. iv. M. Sig. Dose one teaspoonful every two hours.

Asclepias is a good winter remedy. The best results are obtained from it when the temperature is but moderately increased, and the skin is inclined to moisture, although it is many times of value during high fever. Pneumonia, pleurisy and pleuro-pneumonia are among the diseases

most likely to call for Asclepias. Ten to thirty drops in very *hot water* every half hour will promptly remove sharp, cutting pleuritic pains. Lack of secretion from the skin and sharp cutting or darting pain are leading indications for its exhibition.

In pneumonia, bronchitis and rheumatism the heart frequently becomes feeble, especially in old people. If anything will keep an old weary heart in a condition to perform its duty cactus will do it. Irregular action of the heart, intermittent pulse, and a sensation as if a band was tightly bound around the head or chest are urgent signals for this agent. R. Cactus Grand., gtt. x to dr. i, water, oz. iv. M. Sig. Dose one teaspoonful every hour to every three hours.

Gelsemium is an essential remedy in all fevers when there is irritation of the nerve centers. It prevents determination of blood to the head and spinal cord, and checks spasmodic action. It is especially indicated when the face is flushed, the eyes unnaturally bright and the pupils contracted, with increased heat of the head. R. Gelsemium, gtt. x to xxx, water, oz. iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

Ipecac in small doses is a frequently needed remedy. Acute bronchitis and pneumonia are the diseases most likely to call for its use during the winter months. It is especially indicated when there is irritation of the bronchial mucous membrane with increased secretion. The narrow and pointed tongue demands it. R. Ipecac, gtt. v to x, water, oz. iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

Tartar Emetic, in very small doses, is a useful remedy in acute bronchitis, and in most congestive and spasmodic affections of the larynx and bronchi. When there is difficult breathing, with wheezing, hollow and barking cough, or stridulous breathing, this agent should occupy a prominent place. R. Tartar Emetic, gr. 1-2, water, oz. iv. M. Sig. Dose one teaspoonful every hour or two.

Veratrum Viride is always indicated when the pulse is full, bounding and frequent. R. Veratrum, gtt. v to xx, water, oz. iv. M. Sig. Dose one teaspoonful every hour or two.

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Hints and Winnowings.—It is said by some journal writers that Aconite and Phytolacca will cure diphtheria, and perhaps they will; but I should not be willing to trust a case of this very dangerous disease to these remedies alone. I wonder if it would be possible for a doctor to say diphtheria when he should have said follicular tonsilitis? I sometimes think it possible that cases of acute pharyngitis are occasionally called diphtheria. Possibly *diphtheria cured* may have been thought to have a more *confidence inspiring sound* and it is even possible that the diagnosis may have been a little faulty. The most careful examination has not always resulted in a diagnosis free from doubt. It might be well to give these thoughts and suggestions a fair degree of consideration when reading of the wonderful success which some writers apparently have in the treatment of diphtheria—a disease pregnant with deadly power. My best success in diphtheria has resulted from a treatment consisting of the internal use of phytolacca, the biniodide of mercury, the bichromate of potassium and quinine, and the inhalation of the bichloride of mercury. R. Biniodide of Mercury, gr. 1-50, water, oz. iv; teaspoonful every hour.

R. Phytolacca, gtt. xxx, Bichromate of Potassium, gr. i, water, oz. iv; teaspoonful every two hours. Give quinine in small doses, and in accordance with the age of the patient. A few grains of the bichloride of mercury placed in a little hot water in a vessel so arranged over any heat as to keep the water hot will aid much in a curative direction. The drug and water should be renewed as needed to keep up a constant steam near the patient. Keep the patient's stomach well filled with *ho* milk—say from two to four ounces every two hours.—and give brandy when indicated.

In the treatment of pneumonia I have found aconite, bryonia, and tartar emetic the most frequently indicated remedies. R. Specific Aconite, gtt. iii to x, water, oz. iv; teaspoonful every hour. R. Specific Bryonia, gtt. v to x, Tartar Emetic, gr. 1-4 to 1-2, water, oz. iv; teaspoonful every two hours. As a local application a teaspoonful of turpentine thoroughly mixed with two tablespoonfuls of vaseline and applied to the chest on a piece of flannel frequently constitutes an important factor in bringing about curative results.

Child-bearing women are numerous who have been injured by following the advise of cranks about fruit and other special forms of diet and special training. Child-bearing is a physiological, not a pathological, act. The pregnant woman should regulate her conduct by the rules of common sense. Cleanliness, moderation, and Godliness, are among the most important exemplifications of common sense, and constitute all the rules needed by a woman physically fit to give birth to children. They will carry her safely through this most important function of a woman's life.

Helonias possesses great curative power in many functional wrongs of women. This curative influence results from its special tonic action on the female genito-urinary organs. It is, therefore, indicated in all atonic conditions of the female sexual system, whether known as amenorrhoea, dysmenorrhoea, menorrhagia, or by any other name. Through its tonic action many cases of sterility are cured. Women complaining of a dull aching in the back, and having leucorrhoea, should be given helonias. Bearing down pains in the lower part of the abdomen, with disturbed uterine function, associated with weakness of the entire body, call for the remedy. Pain and soreness in the lumbar region also suggest helonias as the indicated medicament. In many cases of kidney diseases the tonic action of helonias may be utilized as an important part of a rational treatment, and its continued use in albumenuria will rapidly lessen the amount of albumen found in the urine. The most efficient action of helonias is obtained when exhibited in doses of from five to ten drops of the specific medicine (or a good fluid extract), every two hours to four times a day.—Dr. Fyfe, in Mass. Medical Journal.

## SELECTIONS.

### ADVANTAGES OF CIRCUMCISION

The most obvious advantage of circumcision is cleanliness. This is important in childhood. In adults the habit of withdrawing the skin and washing the glans has usually been learned, though it is not practiced sufficiently. In children it is not as a rule, attempted; most boys would regard the attempt as indecent, and in many paraphimosis would result. Moreover, the practice would be injurious to morals;

yet the accumulation of smegma and its decomposition is a source of annoyance and irritation to many boys. Further, any irritation of the glans penis is liable to produce reflex excitement of a character to be avoided. In middle life to many the possession of a prepuce is a source of more or less habitual annoyance. Seborrhoea, balanitis, and herpes are common. As old age comes on the danger of cancer to those who suffer from phimosis is considerable. Similarly, circumcision tends to prevent syphilis. While genorrhoea is quite as common among Jews as among Christians, syphilis is much less so. This shows that it is not on morality that the comparative immunity of Jews to syphilis depends. The only possible explanation is the absence of the prepuce.

No measure which has ever been proposed for the prevention of syphilis is as efficient as circumcision. Finally, circumcision probably tends to increase the power of sexual control.—Jonathan Hutchinson, Med. News.

## EPITHELIOMA OF THE LIP.

A number of primary changes may precede the development of cancer of the lip. In a number of cases personally seen the first change noted was an hyperkeratosis, the thickened layer of epithelium being firmly attached to the underlying cells, and gradually extending deeper in the form of horny plugs, which could only be detached with great difficulty. In other cases the first change may be a superficial erosion or fissure, which later becomes the seat of ulceration with or without papillary outgrowth. The base of the ulcer takes on the characteristic induration, and the affection soon presents a clinical picture which cannot well be confounded with the initial lesion of syphilis when one recalls the early period in which the lympatic tissues are affected in the latter disease.

Gummata of the lip have been mistaken for cancer, but these late neoplasms of syphilis are usually multiple, rapidly ulcerate or undergo atrophy, and lack the hard base which is always present in cancer.

Chancres of the lip are usually protuberant, with an eroded or incrusted surface, and lack clean-cut ulceration.—J. A. Fordyce (N. Y. Med. Jour.)

## A NEGLECTED POINT IN THE TREATMENT OF STRANGULATED HERNIA.

C. Hamilton Whitford says that in a case of this nature the surgeon usually concerns himself chiefly with the condition of the strangulated bowel, which, if gangrenous, is either drained or resected, and if viable is pushed back into the abdomen. In the latter case the patient probably remains absolutely constipated, continues vomiting, and dies within forty-eight hours. He is suffering from an accumulation, above the obstruction, of liquid filth, which is rapidly poisoning him. The point which is so frequently overlooked is that his chance lies in the direct evacuation of these intestinal contents. This can be done only by draining the distended bowel through a large tube for several days. A few cases of advanced strangulated hernia end in recovery after reduction of the strangulated bowel, by discharging enormous quantities of liquid feces per anum, but the majority die with unemptied intestines. This drainage of distended bowel, the author says, is simply the appli-

cation to strangulated hernia of the principles involved in the treatment of obstructions taking place within the abdomen.—British Medical Jour.

## ETHER AND BRONCHIAL DISEASE.

Personal clinical studies justify the belief that in properly-selected cases ether inhalation is positively curative of bronchitis. To avoid unpleasant complications and to secure the desired results, the following points are essential: 1. Proper preparation of the patient. 2. Preparation of the operating-room with a temperature of 98° to 100° F. 3. Pure ether. 4. A proper inhaler. 5. The proper methods of administration. 6. Due caution against exposure in removing the patient from the operating-room to her own room. The temperature of her room should not be below 80° to 90° F. for several hours after the operation. 7. Proper care of the patient during convalescence. She should be permitted to drink large quantities of water and should keep the bowels freely open.—T. A. Reamy (Med. News.)

## DIET IN THE ACUTE STAGE OF PNEUMONIA.

The food should be liquid, and of such a nature as to be easily absorbed and not liable to ferment, as albuminous solutions and peptonized milk. Among the former, egg-water is an available form. It is prepared by squeezing the albumin of one or two eggs through a cloth and adding half a pint of water and a pinch of salt. This, or beef-tea, may be given alternately with the milk at the rate of 3 ounces of either every two hours. If, notwithstanding this careful feeding, flatulency occurs, peptonized milk may be replaced by koumiss or matzoon.

Alcohol is a food as well as a stimulant. As a food, it may be employed to replace, in part, or to supplement, the food already mentioned. It can be resorted to with advantage much earlier than it is usually administered.

Alcohol may be employed tentatively at any stage in pneumonia. Its action will be shown to be beneficial if twenty minutes after the dose is taken, the pulse becomes less frequent and of greater volume, and the respiration slower and deeper. The duration of the betterment is the key to the amount and the frequency of the dosage. Simple water should be allowed in any quantity that the patient desires.—A. H. Smith (Inter. Med. Mag.)

## APPENDICULAR FISTULA.

Treatment.—The treatment of appendicular fistulae of the external variety varies with the individual cases. It is well, however, to permit nature to attempt a cure. The surgeon's attention should be directed to maintaining thorough cleanliness and to regulating the diet. Frequently a fistulous tract will heal spontaneously if the diet be solid food and the bowel contents be kept rather hard. It is not wise to use a syringe, as it irritates the tract. If the fistula persists after the lapse of a reasonable time, operation offers the only hope of cure.

The operative treatment of the simple fistula should consist in exploring the tract to ascertain whether an infected suture be the cause. If it is, this should be removed and the tract curetted and packed with gauze. This usually suffices to insure a

cure. When the fistula or sinus communicates with an unhealed abscess-cavity, the mouth of the fistula should be enlarged sufficiently to permit of thorough cleansing and packing. When possible without opening the peritoneal cavity, the mouth of the fistula should be enlarged to a degree to equal the transverse diameter of the abscess-cavity at its widest part. This should be followed by thorough cleanliness, packing, etc.

The treatment of faecal fistula necessitates opening the peritoneal cavity, removing the appendix—or its remaining portion, as the case may be—and thoroughly breaking up all peritoneal adhesions. When the fistula is in communication with one or more openings in the intestine, closure, preferably by suture, is to be recommended, but resection, end-to-end union, etc., is frequently required. J. B. Deaver (Jour. Amer. Med. Assoc.)

## POST PARTUM HEMORRHAGE.

The Med. Rev. of Nov. last year quotes an article from Journal des Sciences Med. in which Dr. Besson points out the possible occurence of post partum hemorrhage from rupture of vulvar varices. The writer describes a case in point which he, fortunately for the woman, diagnosed correctly early enough to relieve her by ligation en masse of the plexus.

The point of rupture during parturition is just below the clitoris or at the upper extremity of the labia minora. The venous network in these localities is extremely rich and intricate and the hemorrhage resulting from a ruptured varix is profuse and rapid.

From the practical standpoint Besson urges that the sub-clitoridian region be always examined for varices. The possibility of hemorrhage post-partum from this source should be borne in mind, and if it actually occurs the best treatment is suture en masse.

## ITEMS.

Dr. Eli Denny of Oneonta has been elected coroner.

The wife of Dr. C. W. King of King's Station, died November 12, 1900.

Died—John F. Carey, M. D., after a short illness, Dec. 16th.

Dr. W. L. Heeve has removed to 872 Herkimer St., Brooklyn.

Dr. R. A. Toms has removed from Stamford and is now located at 752 Wendover Ave., New York City.

The meeting of the Beachonians (Students' Society of Eclectic Medical College) on Dec. 6th was very pleasant and interesting.

Prof. Herzog lectured on Hypnotism. The lecture was followed by an animated discussion between the lecturer and Prof. Meyer.

Married—Dr. Anna E. Martin to Mr. J. H. King of Brooklyn, Oct. 9th, 1900. They are pleasantly located at 323 Hancock St.

The following are honor *men* of the class of 1900, having passed the board with ninety per cent. or over in each department: Miss Marian Arvine, Miss Beatrice Rosbach, Miss Rebecca S. Gause.

In the February Review we will begin a series of articles on Orificial Philosophy and Gynecology, by Drs. A. H. and L.

H. Muncie. These articles will be illustrated by the report of cases.

The Eclectic Medical Society of the City and County of New York at its meeting Dec. 20th, elected the following officers:

President.....J. H. Bell, M. D.
Vice-President.....F. L. Morhard, M. D.
Treasurer.....G. W. Thompson, M. D.
Secretary.....H. J. Doll, M. D.

Board of Censors.—O. A. Hyde, M. D.; W. L. Heeve, M. D.; H. Scaison, M. D.; C. Brandenburg, M. D.; S. A. Hardy, M. D.

The attendance at the Society meetings during the year has been excellent.

At the New York Specific Medication club meeting, Thursday, November 13th, Dr. C. M. Tobynne presided. Papers were read by Drs. Heeve and Tobynne. About twenty members were in attendance Dr. H. J. Birkennauer is secretary and treasurer.

Dr. L. O. Goetchius of Saratoga, a staunch friend and hard worker for many years in our State Society, has passed to his long rest. The Saratoga District Eclectic Medical Society at its meeting Nov. 1st, 1900, adopted the following resolutions:

Saratoga Springs, New York, Nov. 1, 1900.

An All-Wise providence has seen fit to remove from our midst our brother and fellow member, Dr. Louis O. Goetchius. For many years he has been a respected member of this Society as well as the State Organization. He has held offices of honor and trust in both Societies, and has filled these positions with credit and performed his duties faithfully.

The fraternal friendship which has existed between this respected brother and ourselves, and his example of fidelity to those principles of medical practise for which we stand, shall ever remain fixed in our minds and hearts. Dr. Goetchius was very conscientious, strictly honest and destitute of improper selfishness. We have sustained a loss, but he has gained that great beyond where there is no suffering and where peace reigns.

We extend to the members of his family our heartfelt sympathy in their loss and assure them that the sorrow which they feel as a family, we share as friends and fellows in the profession in which we were associated.

Resolved: That a copy of these resolutions be sent to the family of the deceased, a copy to the State Organization and that they be spread upon the minutes of this Society.

EARL H. KING, Secretary.

# Eclectic Medical College

## OF THE CITY OF NEW YORK,

No. 239 East Fourteenth Street.

CHARTERED APRIL 22, 1865. ORGANIZED DECEMBER 19, 1865.

WHOLE NUMBER OF GRADUATES, 827.

## Faculty and Instructors.

### THEORY AND PRACTICE OF MEDICINE.

GEORGE W. THOMPSON, M. D., (Eclectic, N. Y.), 142 E. 30th St., Professor of Theory and Practice of Medicine and Clinical Medicine.

BYRON CLARK, A. M., M. D., (P. and S. Baltimore; Eclectic, N. Y.; University, Md.), 107 W. 98th St., Professor of Positive Diagnosis.

H. S. DRAYTON, LL. B., M. D., (Eclectic, N. Y.), 21 E. 21st St., Professor of Nervous Diseases and Insanity.

D. N. BULSON, M. D., (Eclectic, N. Y.), Rockville Centre, N. Y., Lecturer on Specific Medicine.

JACOB OSHLAG, M. D., (Eclectic, N. Y.), 1683 Avenue A, N. Y., Lecturer on Physical Diagnosis.

G. ROCHELLE, M. D., (Eclectic, N. Y.; P. & S., Baltimore, Md.), 1405 Fifth Avenue. Lecturer on Diseases of the Stomach.

P. NILSSON, M. D., (Eclectic, N. Y.), 239 E 14th St., Quiz Master.

### SURGERY.

GEORGE W. BOSKOWITZ, A. M., M. D., (Eclectic, N. Y.), 40 E. 41st St., Professor of Surgery.

JAMES H. BELL, M. D., (Eclectic, N. Y.), 243 E. 31st St., Lecturer on Genito-Urinary Diseases.

J. HOWARD YARNALL, M. D., (Eclectic, N. Y.), 1011 Park Ave., Lecturer on Rectal Diseases and Minor Surgery.

A. W. HERZOG, M. D., (University, N. Y.), 143 E. 30th St., Professor of Diseases of the Eye, Ear, Nose and Throat.

EDWARD H. MUNCIE, Ph. M., M. D., (Eclectic, N. Y.), 119 Macon St., Brooklyn. Lecturer on Orificial Surgery.

OTTO H. ROHDE, M. D., (Eclectic, N. Y.), 84 Reid Ave., Brooklyn, N. Y., Lecturer on Orthopedic Surgery.

W. H. WYATT-HANNATH, A. M., M. D., (Eclectic, N. Y.), Roselle, N. J., Lecturer on Dermatology.

W. L. HEEVE, M. D., 239 E. 14th St., Quiz Master.

### OBSTETRICS, GYNAECOLOGY AND DISEASES OF CHILDREN.

MAX AUGSBURGER, M. D., (Eclectic, N. Y.), 472 Decatur St., Brooklyn, Professor of Obstetrics and Gynaecology.

EDWARD H. MUNCIE, Ph. M., M. D., (Eclectic, N. Y.), 119 Macon St., Brooklyn, Lecturer on Gynaecology.

HARRIET C. HINDS, M. D., (Eclectic, N. Y.), East Orange, N. J., Lecturer on Diseases of Children.

W. L. HEEVE, M. D., (Eclectic, N. Y.), 239 E. 14th St., Quiz Master.

### CHEMISTRY AND PHARMACY.

MAX MEYER, Ph. D., M. D., (Eclectic, N. Y.), 167 E. 115th St., Professor of Chemistry and Toxicology.

H. J. BIRKENHAUER, M. D., (Eclectic, N. Y.), 216 E. 17th St., Lecturer on Chemistry and Toxicology.

FRANZ KAHLENBURG, Ph. G., M. D., (Eclectic, N. Y.), 881 Brook Ave., Lecturer on Pharmacy.

H. SCAISON, M. D., (Eclectic, N. Y.), 48 Seventh St., Quiz Master.

### ANATOMY.

OVID A. HYDE, M. D., (Eclectic, N. Y.), 127 E. 93d St., Professor of Descriptive and Surgical Anatomy.

C. M. TOBYNNE, M. D., (Eclectic, N. Y.), 121 W. 90th St., Lecturer and Demonstrator of Anatomy.

J. BERNSTEIN, M. D., (Eclectic, N. Y.), 22 Rivington St., Quiz Master.

### MATERIA MEDICA AND THERAPEUTICS.

HENRY ARMGARDT, M. D., (Eclectic, N. Y.), 317 Leonard St., Brooklyn, Professor of Materia Medica and Therapeutics.

HENRY E. WAITE, M. D., (Eclectic, N. Y.), 108 E. 23d St., Lecturer on Electro-Therapeutics.

HENRY J. DOLL, M. D., (Eclectic, N. Y.), A. B., '92; A. M., '93. Canisius. Instructor on Electro-Therapeutics.

H. SCAISON, M. D., (Eclectic, N. Y.), 48 Seventh St., Quiz Master.

PHYSIOLOGY, PATHOLOGY AND HYGIENE.

GEORGE O. HEFFTER, Ph. G., M. D., (Eclectic, N. Y.), 121st St., and Pleasant Ave., Professor of Physiology.

JAMES HERVEY BELL, M. D., (Eclectic, N. Y.), 243 E. 31st St., Lecturer on Physiology.

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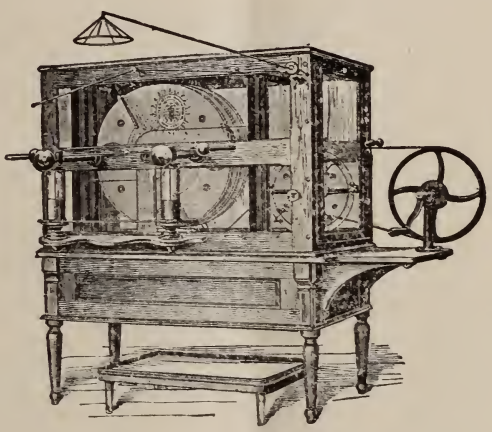

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VOL. IV. FEBRUARY 15, 1901. No. 2


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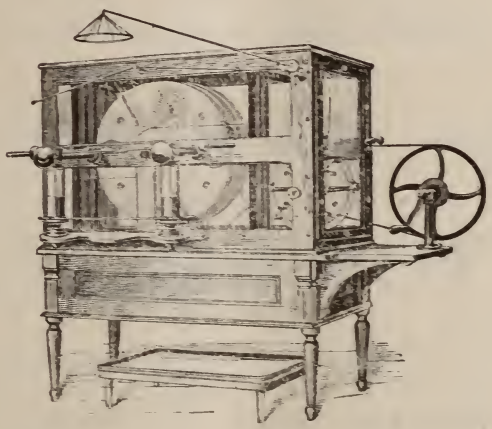

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# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. IV. NEW YORK, FEBRUARY 15, 1901. No. 2

## ORGANIZATION.

The Eclectic Medical Society of the State of New York will hold its annual meeting at Fishkill Landing on Wednesday and Thursday, the third and fourth of April.

Arrange to attend this meeting. It is quite necessary that we have a well organized society in this state.

To continue as a representative school of medicine every Eclectic graduate, every liberal physician in sympathy with Eclectic practice should feel it his duty to contribute and support the State Society.

Indifference, because they see no immediate danger of new or adverse legislation is a poor excuse, or the thought that some one else is watching and will inform them in time may prove disastrous.

The recognition of to-day is the result of organization. And to retain this we must not relax. Attend your local society meetings as often as possible. See that a proper delegation from it is sent to the State meeting for we are judged largely by the work of these meetings.

For several years our meetings have been interesting, instructive and business like.

The volume of Transactions which the society is publishing yearly is recording Eclectic history of the right kind. So let us bear in mind the date of this meeting and arrange not only to attend but to read a paper or report some interesting case.

## RULES FOR PRIZE ESSAY.

The National Eclectic Medical Association offers as a prize $100.00 for an essay and will publish it with the four next in merit in the Transactions of the Association. The following rules to govern:

The essayist to be a member of the National Association or one of its auxiliarys, state or local.

The essay to be on Materia Medica, Specific Therepeutics or Eclectic Practice of Medicine. The essay to contain between four and six thousand words and to be in the hands of the committee by May 1st.

George W. Boskowitz, chairman.....
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## ECLECTIC PRACTICE.

In the New York Sun of Sunday, January 27th the sixth paper of a series of "remarkable Articles" "Progress in Great Subjects the Past Century" Prof. William Osler gives a very interesting article on medicine but somehow has omitted the name "Eclectic." Although after a careful reading you find a faithful description of our practice, the Eclectic school is not mentioned. I will quote the lines.

After speaking of Homeopathy in rather uncertain terms he goes on to say:

"A new school of practitioners has arisen

which cares nothing for Homeopathy and less for so-called Allopathy. It seeks to study rationally and scientifically the action of drugs, old and new. It is more concerned that a physician shall know how to apply the few great remedies which all have to use, * * * * rather than a multiplicity of remedies the action of which is extremely doubtful. Does it not sound like a quotation from an Eclectic text book?

---

## FALLACIES AND NARCOTICS.

By Wm. R. Hayden, M. D.

[Read before the Alumni Association of the Eclectic Medical College of the City of New York.]

Permit me to say that no man places a higher estimate upon the noble profession of medicine than my humble self. I think there is not in the wide world a more benevolent and self-sacrificing class of men than the great body of physicians, who walk in the chambers of death and face pestilence in all its hideous forms, night or day, in the highways and byways of life, in the lowliest hovel or the most lofty palace; ever ready day or night, amid sunshine and shadow, in the midnight gloom; waking while others sleep, exposed to the ever changing elements; patiently waiting and tending at the bedside of the sufferer, comforting and encouraging by words that have music and hope in them to the patient who lingers on the confines of the two worlds, often held back by the skill of his best friend in the hour of his sorest need, the physician, who braves death in his great mission. In one house the small pox has entered in search of its victims, in another the deadly typhoid fever, in another cholera, in still another diphtheria and malignant fever; yet the true physician halts not upon the threshold where other men shrink back appalled, he enters to do his duty often risking not only his own life but those still dearer and nearer to him—his family.

Such, gentlemen is your calling, and you respond to it with the same ready alacrity as does the noble fireman, who enters the burning building to save the lives of its imperiled inmates, often at the cost of his own.

Gentlemen I have given you one side of the picture, and I will now call your attention to the other. Physicians are but men, human men, they have their weaknesses as well as their virtues, they were born to err and they do often err, not from willful intent, but from a false education. They have their hobbies and their fallacies, they follow the fashions in medicine as closely as do their fair sisters in dress. They generally believe what they were taught in their younger days, no matter how great the absurdity. How very natural and yet how often it is wrong. It is to consider some of these fallacies that I have prepared this paper and I pray you to accept it in the spirit in which it is given. It is the negative side of the picture but it is no less important than the positive and more acceptable view. We need a reformation in the practice of medicine. We do not want to "Fight fire with fire" it is a bad theory and worse in practice. We do not want to give poison for poison, least we make a bad matter worse.

The great body of physicians who style themselves Eclectics have not only become very numerous, but they have become highly respectable, nay, more than that, many of them have become aristocratic and assume airs. Too many of them ape their older brothers the alopathics. They no longer denounce their methods and hurl

anathemas upon them for prescribing mercury, antimony, arsenic, and other mineral poisons, miscalled remedies. No! they actually employ them in their own practice, and endeavor in a very lame way to excuse their recreancy to one of their pet theories, and we may soon be prepared to hear them advocate, in a mild way, depletion—blood letting, which was the horror of their fathers.

Many eclectics dabble a little in homeopathy and are quite pat in attenuations, high dilutions, potencies, and pellets. If you question their methods, they are indignant and ask you, if it is not eclecticism to choose from all fields.

Yes, that is the eclectic practice of to-day, but it is not the reformed practice upon which we entered forty years ago, and to which we swore allegiance, nor is it progression but on the contrary retrogression.

This is a world of change, but change is not always progress, far from it. The vital question is, have we, as physicians made any genuine progress in the healing art in the last two decades? If so, in what?

The old time eclectic discarded and denounced all mineral treatment as irrational and poisonous. He forgot in his denunciation to include some of the vegetable drugs which are far more deleterious and dangerous than the abhorred minerals.

The sturdy old puritanical botanic physician of New England was a man of conscience, and while he was often unlearned, in the medicine of the schools, knew little or nothing of scientific surgery, or technical nomenclature, did not understand the difference between alkaloids and resinoids never heard of Podophyllin, Leptandrin, or Sanguinarin, he did know what Mandrake, Bloodroot and Blackroot were good for, and he used them in his primitive practice; and shall I depart from the truth when I say that his success in healing was greater than that of your most learned physician of to-day?

If he did not cure, he did not kill. The worst that could be said of his practice was, that he vomited and purged his patients freely, and they were often the better for it. He was totally ignorant of Bromides, the Chloral Hydrate, Cocaine, Antipyrene and Antifibrine, he never gave pills of nitrate of silver, he knew nothing of subcutaneous injections of all the deadly poisons that make the nerves non-conductors of nerve force. He did not know that if such treatment was persisted in, it would induce paralysis, deafness, blindness, heart disease and death, as they do in a multitude of cases every day in the week, for he never employed them.

The learned Eclectic of to-day points with pride to Digitalis, Gelsemium, Aconite and Veratrum and other like discoveries of his. He tells you of his marvellous success in the cure of Neuralgia with Gelsemium, and of his cure of heart disease with Digitalis. He tells you how quickly he controlled the heart's action and relieved his patient. His enthusiasm kindles as he eulogizes the action of Aconite in fevers, but he fails to explain their modus operandi. He says nothing of the sequela, nothing of the disasters that follow their use. He does not inform you that his remedies have impaired the nervous system, reduced its conductility, and induced other disorders both mental and physical, often far more grave than the original trouble. On these momentous questions he is as silent as the grave.

The use and the abuse of Sedatives and Narcotics are alarmingly on the increase and the result is a large list of mortality.

We must have a reform in the practice of medicine. I read in one of our medical journals very recently that fifteen thousand children are killed annually by "Soothing syrups." Gentlemen is this startling statement true? Are there fifteen thousand innocents murdered every year in the United States by the use of the so-called soothing syrup? My own impression is that if the number were doubled, it would be much nearer the truth; to which add a hundred thousand whose mental and physical systems are permanently impaired by the same agency.

Now what is the base of these soothing syrups, that soothes, and lulls the loved infant in the cold embrace of death? Opium, Morphine. If we could only trace the after effects of this narcotization in the lives of those children who escape immediate death, and grow up to womanhood and manhood, we should often discover what made them our patients in after life. We should find the solution of the sudden taking off of so many persons by Apoplexy, Paralysis and Heart disease, and you would find a great factor of nervous disorders.

You may answer and say this is all irregular and not the work of the physician. Very well, I will accept the correction if you will. This is true in regard to soothing syrups, but where one grain of opium or morphine is taken in soothing syrups, a hundred grains are prescribed by the regular physician.

Does the end justify the means? Our mission is to heal, to make the sick well, and not to sow in our patients the seeds of disease, suffering and death, and it can be done as well, and better, without deadly poisons than with them.

Ask the apothecary in any of our large towns and cities to give you the number of his customers who come to him for opium, morphine, choral and cocaine and his figures will frighten you. Ask the victims how they became the slaves of the destroying habit and they will tell you that first their physician prescribed it for them, and now they cannot live without it, and must die a miserable death if they continue its use.

It is only a few years since that subcutaneous injections became the fashion. Now, let me ask who of you is not armed with the injector and morphia? There may be exceptions but in the regular ranks very, very, few indeed. At first only morphia was employed as a hyperdemic. How is it now? It is only one of the many dangerous drugs used to alleviate pain and destroy the nervous system. Aconite, Belladonna, Digitalis, Cocaine and Veratrum are among the devils employed to possess the people, and they do it most effectively.

Alcoholism is classed as a disease and a foul one it is, a disgrace to our civilization. If we inquire into the history of a case and the patient is a woman, we shall find in the majority of cases that she was ill, and her physician prescribed it for her as a tonic and stimulant; and now, she cannot break herself from the base habit.

The chemist is busy in discovering and producing these dangerous narcotic drugs, and the list is daily increasing. The Hydrate of Chloral and the Nitrate of Cocaine are comparatively new but their victims are numbered by the thousands and tens of thousands, even physicians of experience and eminence have been entraped and destroyed by the habit. There is no good and sure rule for its administration; what is perfectly safe in one case may be death in the next.

In the early days of Chloral I had a patient, a physician, greatly troubled with Insomnia. I advised and prescribed a small dose of Schering's Chloral and after so doing I thought he would never sleep again except in death. That was a good lesson for me and I never prescribed it again. That same doctor became a victim of Narcotics, and quite recently was found dead in his bed. Dr. P. H. McLaren last month took two drahms of the syrup of Chloral which contains only twelve to sixteen grains of Chloral and in half an hour he was found dead in his chair. Two days since I read in a Boston paper that Dr. F. A. Hamlin, a prominent physician of Auburn, New York, had been removed to an asylum at Utica, a victim of the morphine and cocaine habit. Dr. Hamlin stood high as a scientific man and had made a specialty of treating the victims of a habit to which he has now fallen. Hundreds of like examples might be cited were it necessary, but it is not.

The object of this paper is not to win your applause but to stimulate thought and enquiry in your minds as to better methods of practice, and a true reform in medicine.

Bedford Springs, Mass.

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## FRACTURES.

By O. A. Hyde, M. D.

Three questions are to be met and answered in the treatment of fractures, viz:

First, What bone is broken?

Second, What is the degree of displacement and consequent injury to other tissues?

Third, What treatment will best promote repair?

To offer suggestions in answer to the second and third questions will be the aim of this paper.

In fractures, the fragments are partly, or at times, closely held together either by bone impaction, by muscular attachments, ligaments about joints, or more constantly, by the surrounding periosteum.

The periosteum forms bands or bridges between the fragments, or, when it remains unbroken, firmly binds the smaller and occasionally the large fragments to the rest of the shaft; this support being most marked in the neighborhood of tendinous and ligimentous attachments.

The service thus afforded by the thick periosteum of infancy and childhood aids greatly in preventing wide separation of bone tissue, and epiphyses.

The cartilages may be considered as supported in a similar way by the perichondrium.

When fracture results from great violence the above statement applies only occasionally.

Repair in cancellous tissue is earlier than in the hard compact bone substance.

Treatment of fractures, at the present time, is divided into two methods, viz: To assist nature to continue active plysiological processes in the wounded part or extremity; or to give perfect rest to the wounded parts with consequent less active reactionary repair.

In deciding which to adopt or follow, we note that the process of repair of bone tissue is almost identical with that of soft tissues, with the difference that at the later stages bone tissue is the special production. The treatment that aims to give perfect rest to the affected parts has been employed for centuries, and with good results.

The more recent method that is engaging the surgeons' attention has given greater comfort to the patient, and is followed by earlier cure, and may be regarded as a modification of the first or old treatment of fractures.

It consists in the daily removal of the splints and the application of Massage to the whole limb, of parts about the seat of fracture, the bony fragments being supported or held in place, meanwhile by an assistant.

At the end of the first week passive flexion of the neighboring joints may be begun.

In the case of a limb, the splint may be removed in 10 to 12 days, and the arm or leg rested on a pillow.

There are two objections made to this treatment.

That the motion necessary prevents or delays bony union and the possible loosening of a thrombus in some injured vein, which then may enter the general circulation.

The first objection is answered by the experience of private and hospital records stating that recovery is more rapid than by the old method.

In regard to the second objection, we may answer, that this accident is probably very rare and may be prevented or avoided by employing the greatest gentleness in massaging the parts during the first ten days.

Consolidation may be so strong in 21 days that patient may use crutches.

In fracture of the leg the body weight may be bourn in 5 or 6 weeks. No loss of muscular movement or strength follows this treatment. The muscles instead are free from the rigidity usual after the old fixed aparatus had been used.

Muscular spasm and pain so often annoying these patients is relieved by this early continued use of massage.

In or near joints, great care is necessary as the dressings have to be removed at each application.

Immovable dressings if used at all would be of most service between the 3rd and 6th week (in most fractures of extremities) the period of change of the new cancellous bone tissue to the hard compact variety.

From personal observation and experience I regard the following suggestions as comprising the main indications for the successful treatment of fractures.

First. Reduce fractures at the earliest moment.

Second. At first supporting the injured limb or part in a natural position, without constriction from bandages, by pillows, sand bags, fracture box or splints—with extension apparatus if necessary.

Special fractures as those of lower jaw, ribs, pelvis, head and shoulder require fixed dressings or splints.

Later, after 2nd week in fracture of most of the long bones, while bone callus is changing to compact tissue, and for a short time after, employ splints easily removable, the Bavarian splint often serving well for this purpose.

Third. Employ Massage throughout the treatment of the case, especially in fractures of the extremities.

Fourth. When passive motion is required begin its use after the first week; in joint fractures, from the time of injury.

New York City.

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## ORIFICIAL PHILOSOPHY AND GYNECOLOGY.

By E. H. Muncie, Ph. D., M. D.

"Sympathetic nerve force is the steam which propels the entire machinery of the body. When it is abundant peristalses are vigorous, capillary circulation is normal, and health prevails throughout the system." A lack of this great force produces blood stasis in whatever part of the body the tissues are overtaxed, or are weakest by nature, and pathological changes result.

The principles of orificial philosophy are embodied essentially in the study of the sympathetic nervous system. This study demonstrates the fact, that it is the sympathetic system which is concerned directly with the involuntary activities of the body, and these activities must be carried on, or existence will end.

The sympathetic nervous system never sleeps, while our conscious self rests, all the processes of circulation, nutrition, waste and repair must be active. Not so the cerebro-spinal, for it sleeps every night, as well as under anesthetic and narcotic influence. If then, the sympathetic system controls circulation and nutrition, it is im-

portant that the gynecologist considers well its function, its distribution and the liabilities of injury to its pelvic terminals.

Perfect nutrition of an entire body, means perfect health of every tissue. Perverted nervous energy means perverted nutrition and disease.

A few quotations from Elliot's "Lectures on Mental and Nervous Diseases," will give food for thought along this line: "The sympathetic nervous system in its office, both in health and in disease has not been sufficiently studied and comprehended. Writers and lecturers on nervous diseases have been prone to place too much stress upon lesions of the cerebro-spinal system, neglecting in whole or in part those relating to the sympathetic system. Diseases of the cerebro-spinal are, in fact, largely functional or reflex in character, due to an irritation of some part of the sympathetic system. As Professor Pratt rightly says: "The result of this misapprehension of the relative importance of the two nervous systems in matters of nutrition, has been to lead the medical profession into a hare-and hound chase after the effects of disorder, rather than point them to their cause." "Orificial philosophy in reality is the study of the sympathetic nervous system, its relations, and its diseases, and the best measures to be used for their cure." "Although anatomists have for many generations called attention to the existence of the sympathetic nerve and its functions, and recognized theoretically the important part which it plays in nutrition and rebuilding of every part of the bodily structure, nevertheless in the maintenance of health and the healing of the sick, it has been practically ignored." "Chronic, persistent, and intractable dyspepsia, is as a rule, due to the disturbance of the normal, rythmic action, through irritation of the sympathetic nerves at some point; whether it be realized by the patient or not, it is almost certain that either in one or other of the lower orifices of the body this irritation may be found, and this being removed speedy cure of dyspepsia can be depended upon."

"We live by the tonicity of the sympathetic nervous system, and whatever lessens the power of the nerve, excites corresponding depression in the peristaltic action of the bowels; hence a torpid digestion results."

Thousands every year are sent to an early or premature grave from so-called incurable diseases, which could have been remedied by the proper application of the principles of orificial philosophy.

It is paying the orificialists a high compliment when it is said of them, that their cases are the broken down, hopeless sufferers who have tried without success every known remedy, from patent medicines extolled by the daily newspapers, to those prescribed by the most eminent physicians. It shows what can be done for others whose cases are not so hopeless, when the castaways of the medical profession are cared for and restored to health.

The following case represents a class of sufferers, with whom the general practitioner and specialists are daily coming in contact. These cases under ordinary methods of medication, are usually a disappointment, for after a course of apparently beneficial treatment, the old symptoms suddenly reappear with renewed energy. The patient, repeatedly discouraged, changes physicians again and again until years have passed and chronic invalidism is established. It is such cases that respond most happily and speedily to the orificial methods.

Mr. S—., thirty-five years of age, single, and residing in a neighboring city, presented the following history. His parents were healthy. He had lived a strictly moral life. He had kept regular hours. From childhood, he had been obliged to take precaution against any over-exertion, and could never do as other boys had done. While he had made a success of business "everything was a burden," and he was never free from "distress" in the back. He

was emaciated, and his general appearance bespoke anemia, malnutrition nd general prostration.

He suffered constantly from a dull, heavy feeling in the head, a bad, bitter taste in his mouth, a brown coating of tongue, and a loss of appetite. The bowels were constipated. There was always a feeling of general weakness, and a soreness and aching of the entire muscular system. His temperature by the mouth, was 102 4-5, pulse 145. He had never been in good health, having always suffered from constipation, for which he had taken quantities of medicine. The more he took, the worse he seemed, and he was thoroughly discouraged.

On making a rectal examination, there was found to be four small papillae, five pockets, and a few small middle hemorrhoids. The sexual organs presented the following conditions. The foreskin was long and tight, which upon retraction showed the glans penis, red and tender. The meatus was also small and congested.

When told that he had been hampered all his life by these conditions of the sexual organs and rectum, he exclaimed: "I don't understand this, as I never had any pain in those parts." It was then explained to him that he was suffering from nerve waste of the sympathetic system, which is the principle motor-power of the circulation and nutrition; that these nerves do not carry the messages of sensation like the cerebro-spinal, but their functions are that principally of involuntary motion; that these nerves were tired out just as he was, all over, and because they were tired, he had indigestion, malnutrition, and constipation. He had been forcing the bowels to move, just as we whip up an old jaded horse.

He was then placed in the dorsal position, and his bowels were found to be distended with gas, and with retention of fecal matter which was no doubt the cause of his fever, resembling the first stages of typhoid. He became alarmed and went home, consulted his physician, who advised him to come back and have the necessary surgical treatment. He wished to have the operation at once, this was refused inasmuch as his temperature was still rising.

The nurse was directed to give him first a high colon flushing of warm water, to be followed by a high injection of cotton-seed oil, through a long intestinal tube. He was to retain this over night, and in the morning before expelling the oil, another flushing of water was to be given. These flushings were continued every day, resulting in the passage of large quantities of black, hard fecal matter. The temperature, pulse and other symptoms improved proportionately, and in about ten days, the bowels were clear of this retained poisonous mass. The temperature became normal, and the patient was then in good condition for surgical work.

The operation consisted "of the slit operation" on the rectum, circumcision, enlarging of the meatus and passing of urethral sounds. Two months after this operation, the patient had gained ten pounds in weight and declared that he had never felt better in his life.

His digestion was good, and his bowels were regular.

This patient's chronic condition ,is similar to that of thousands around us who go through life crippled and handicapped, never reaching their highest possibilities because of depleted mental and physical powers, due to lessened circulation, impaired digestion, and faulty assimilation from a weakened sympathetic nerve force.

My object in citing this case, is not to call attention to the retained fecal matter, but to the exciting cause of his condition. Why had this young man, born of healthy parents, nurtured under the most favorable influences, and having lived a moral life, been a weakling from his youth, and then at the age of thirty-five found life scarcely worth living?

Because, pathological conditions, apparently trifling at the lower orifices of the body, had prevented the sympathetic system from generating the amount of energy

required to propel the machinery of the body. Since the removal of these "trifles" restored the patient to health and strength, we may logically reason, that had this been done in childhood, he would not have spent the best years of his life in physical bondage.

By removing the irritation from the rectum, the glans penis and the urethra, not only are the sympathetic terminals relieved, but the five terminal branches of the pudic nerve as well. Of the pudic, one has said, "The five branches of the pudic nerve, carry more messages of discord than all the other nerves combined." Beginning here, it is not difficult to trace the nerve impulse through the hypogastric plexes and by conducting cords to the Meisner's ganglia and Auerbach's plexus in the intestines.

(A detailed tracing of the course of these nerves will be found in the Transactions of the Eclectic Society, 1893-97, p 198).

Nature endeavors to overcome disease. The surgeon removes that which is hampering nature. Having given her this help, which in this special case under consideration, was a simple matter, she is able to bring about a healthy activity of the parts affected, as proved by the results accomplished.

Brooklyn, N. Y.

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## VEGETABLE ANTITOXIN.

By Max Meyer, Ph. D., M. D.

Diseases are produced by poisons which, after finding their entrance into the body, produce destruction of certain tissues.

The profession came, after long investigation, to this conclusion. Pathology has demonstrated beyond doubt that the destructive effects manifest themselves either in softening or hardening producing atrophy or hypertrophy of cells, fibres and organs, and in this way impairing the normal functions of the subtle mechanism of the body.

The great changes which take place in the animal economy are entirely of a chemical character, and oxidation is the prime factor. Anything that disturbs the working plan of this great and well regulated chemical factory brings the machinery, the vital process, to a standstill.

The destructive substances which produce disease are of a chemical nature and regarded as true poisons. Their effects have been studied for thousands of years and substances have been employed to counteract their destruction. This was done empirically until a closer study, at the end of the last century, developed the logical thought that if disease is produced by a chemical substance a material which would neutralize and eliminate the destructive effects of the poison would relieve and give us a perfect cure.

Bacteriology has tried to solve the problem. It has shown that most diseases are the sequelae of micro-organisms called bacteria, little plants coming into the body, multiplying enormously, and producing a poison of a chemical nature.

Knowing that this poison is the cause of a specific disease, the thought was to hunt for a material that could be used as an antidote or an antagonist.

The era of serum therapy was the natural outcome of this thought. The prominent representatives being Jenner, Pasteur, Koch, Neisser, Loeffler and others, but as soon as new bacteria were discovered, new animal serums or antitoxins had to be manufactured. The serum therapy could not be explained satisfactorily until the discovery of the tetanus and diphtheria serums, then their actions were acknowledged to be of a chemical nature. Although we possess serums for small-pox, hydrophobia, tetanus, tuberculosis, diphtheria and bubonic plague, these few are insufficient for the legion of enemies in the form of bacteriae which endanger life.

Undoubtedly by the application of antitoxin many a life has been saved, but how many lives have been lost by its employment?

The antitoxins are very dangerous.

I. All serums are derived from animals made sick purposely.

Although young and apparently healthy animals are selected for the production of antitoxin, there is no certainty as to the dangers of heredity.

II. The efficacious substances in the serums are absolutely unknown, because they cannot be analyzed, isolated or weighed. The strength is obtained by tests upon animals, or as the term means empirically standardized, therefore the physician is unable to know the exact action of the serum.

III. The animal antitoxins and the metabolic products of the bacteria multiply enormously in the organism, especially in the human body which favors their rapid reproduction. Gradually saturation and neutralization takes place, and this moment is termed immunization. Sometimes the process of multiplication of toxins stops at this point, but unfortunately the incalculable effect progresses and there is nothing to check it. The destructive action sets in and many a life has passed away in consequence of the inability to arrest this deleterious effect.

IV. Animal antitoxins can only be introduced into the system hypodermically, i. e. by direct incorporation into the blood circulation because the digestive track does not absorb but destroys the substances.

V. The animal antitoxins being entirely of an organic composition keep a limited time only. They decompose and constantly have to be tested for their therapeutic value. Hence European governments withdraw suddenly a whole series which have been found inert or dangerous.

Against the use of antitoxins much has been said. And Dr. Herman in an article in the New York Medical Journal of April 27th, 1900, stated that the death rate of diphtheria had increased enormously in the last few years owing to the use of antitoxin.

For a brief period it has been known that every poison of an acute infectious disease bacteria or otherwise possesses specific characteristic properties which are very similar to vegetable or mineral poisons. As for example, diphtheria and belladonna, whether produced by the metabolism of cholera and arsenic, scarlet fever and eserin resemble each other. Muscarine and hyosciamine, neurine and atropine, mytilotoxine and curare, tyrotoxine and coniine, cadaverine and nicotine, putrescine and brucine act alike and produce nearly the same symptoms. In this respect numerous experiments have been made not alone from a chemical, but from a physiological therapeutical and clinical standpoint and men like Vaughan, Kreidmann, VonJaksh and others have spent many years of earnest study in order to detect a non-organic antitoxin which not alone could be analyzed, isolated and weighed but could be fixed so accurately that its employment for each and every stage of disease in every constitution, age and sex would be mathematically safe.

It is well known that the poisons that produce disease select certain parts of the body. Tuberculosis affects mainly the lungs, diphtheria the pharynx, measles and scarlet fever the blood, skin, etc. This is also true of the vegetable and mineral poisons, for we find that belladonna and its alkaloids have a great affinity for the pharynx arsenic for the intestines, eserine for the blood vessels, etc.

We know every poison has its specific chemical substance by means of which it produces specific actions and can be differentiated from others. These substances have been analyzed and investigated and from the results obtained we are able to explain the influence they exert upon those organs for which they have the greatest affinity.

The small doses which we need are interpreted by the fact that the brain influences the action of the remedy and directs it by means of the blood circulation, which itself is not altered by the remedy to a certain era where it is deposited and performs its duty.

How otherwise could we explain the distinct and specific effects of one centigram of morphine or five decimilligrams of atropine which act after a few minutes? True enough our remedies are nothing but antidotes and antagonists for the poisons that produce disease. Lately medical men have taken up the study and find that alkaloids alone or in combination with other remedies form true antitoxins.

Kreidmann of Germany was the first who pointed out that the vegetable antitoxins have the peculiar property to loosen the tissues where the infectious destruction has taken place. They prepare the area for the remedies. By a chemical union in the status nascendi the antitoxins will counteract and neutralize the deleterious effects of the organic poisons and as we can regulate the dose at will, we have it in our hands to stop the action and counter action at any moment. Pursuing this theory I found in my researches of a few years a combination which not alone gives perfect satisfaction but has exceeded my expectations.

This substance I have tested chemically as well as therapeutically over and over again and I have obtained results during an experimental period of nearly three years which proves to me that these vegetable antitoxins have stood the test and can be employed without any danger and that it is a therapeutic agent par excellence. This substance crystalizes in fine silky white needles, is soluble in any proportion of water, alcohol, ether, chloroform, combines readily with other therapeutic agents, does not decompose, has an aromatic bitter taste, can be administered by mouth, rectum or hypodermically. Its chemical formula is $C^{19}$ $H^{21}$ $N^2$ $O^2$, $C^{19}$ $H^{23}$ $N^2$ $O^2$, C $H^2$, N H—$H^2$ N, N H— $H^2$ N, H Cl $O^4$.

The chemical name of this substance is Homoquinamethyldihydrazine — perchlorate or "Bazyl".

Bazyl unites with other remedies to form combinations of a high potential power. I have tried this vegetable antitoxin alone and in combination in adults and children, in male and female, in healthy and sick people. I have treated acute and chronic, general, functional and specific diseases and can state that in the score of cases the result of nearly all were astonishingly good.

My investigations are not yet concluded but from the results obtained it is evident that Bazyl will have a permanent place as a therapeutic agent.

167 East 115th St., New York City.

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## MY EXPERIENCE WITH LOBELIA.

By M. B. Pearlstien, M. D.

[Read before the New York Specific Medication Club January 10th, 1900.]

Mr. Chairman and members of the Specific Medication Club:

The drug that I have selected for your consideration this evening is one of the most useful remedial agents, especially in the practice of Specific Medication. It is Lobelia or what is commonly known as Indian Tobacco.

I shall not go into the Botanical description of the drug but will briefly consider its physiological and therapeutical action.

Lobelia has an acrid and nauseous taste and an unpleasant tobacco odor. It is expectorant, diuretic, diaphoretic, antispasmodic, narcotic, emetic and purgative. It is a motor depressant. In minute doses it is a reliable stimulant to all mucous surfaces.

Toxic doses produces burning pain in oesophagus, excites an abundant flow of saliva and gastric mucous, profuse urination and sweating, the pulse becomes rapid and feeble, extreme prostration, coma or convulsions and death from respiratory failure.

Twenty drops of the fluid extract will produce prompt emesis, but causes an excessive prostration also colicky pains.

Lobelia is contra—indicated in enlarged or fatty heart as it paralyzes the motor nerve trunks, also the vaso-motor centres.

Dr. Laws of Cal., regards Lobelia as a non-toxic and a general antidote for all poisons, internal and external. Lobelia is

a specific in irritable, spasmodic and oppressed breathing. It counter acts spasmodic actions of all lining membrane, be it in the throat, intestines, uterus or rectum.

In spasmodic affections, such as asthma, whooping cough, croup, laryngismus stridulous, in short—from infantile convulsions to puerperal eclampsia, this drug is specifically indicated. Lobelia has a peculiar and specific action upon the motor and respiratory nerves, thus relaxing the lining membrane and promoting a normal secretion.

It is therefore indicated in all catarrhal affections of the lungs, bronchi, etc. In small and often repeated doses especially when used in combination with amonium carbonate Ipec. or grindelia, it is a reliable stimulating expectorant.

Eight cases of tetanus are reported cured from hypodermic injection of Lobeline, from 1 to 6 grains.

I will mention several cases of different maladies which I have successfully treated. A case of asthma of the severest type I prescribed drop 1-4 doses of Lobelia to be taken every 15 minutes; then in a tea kettle of hot water, I added 1-2 dr. of oil of Lobelia and about 15 grs. of menthol crystals, allowing this mixture to boil and the patient to inhale the steam.

In less than two hours my patient, for the first time in 24 hours, could lie down with ease and drop off to sleep.

In a case of croup I used Aconite and Lobelia alternately, also an inhalation of 1-2 dr. of each of the oils of Lobelia and Eucalyptus. My child improved immediately. In a case of catarrh of the sigmoid I used of Lobelia 1-2 dr., colorless Hydrastis 1-2 oz. to the pint of hot water and injected same per rectum. The beneficial results were noticeable in short order. In catarrhal affection of the uterus with an irritable and rigid os in cases where with the menstrual flow, chunks of endometrium are expelled, I inject with syringe 2 drops of each of Lobelia and Sanguinaria, allowing same to remain in the cervical canal. About 6 injections of the above combination will make the os feel and look normal, will take away the irritation and promote a normal secretion. Also used it in rigid os during labor with good results. In angina pectoris, small and frequent doses of Lobelia taken in hot water, and the oil of Lobelia, applied externally and a piece of flannel laid over the chest to keep it warm, will give you marked results without the use of opiates or other heart depressants.

In intestinal or infantile colic, minute doses of Lobelia given in hot water every 15 minutes, will soon soothe the nervous irritation and induce sleep. In atonic constipation, where there is dry and hard feces give ten drops of the tincture at bed time.

If Lobelia is injected in strangulated hernia early you can lay your knife aside, your patient is relieved.

Where you want to employ an agent to relax the muscular fibres as well as tendons use Lobelia ointment. It not alone relaxes but relieves the irritation, especially in joints where we have increased bone substance.

There is an article published in the Transactions of the Eclectic Medical Society in which Dr. Boskowitz gives his experience of Lobelia as a local remedy in stricture.

He used 15 m of Lobelia per urethra, closing up the meatus for about five minutes, then passing a large sound with ease, where before the use of the said drug he could not even pass a filiform bougie. One of the best anti-septic washes I have ever used is the "Eclectic wash" of Dr. Boskowitz, composed of Lobelia, Baptisia and Sulphate of Zinc.

Of each one oz.

Water to make one pint.

547 Madison St., Brooklyn.

## PRACTICAL THOUGHTS ON LA GRIPPE.

By R. A. Toms, M. D.

Under the modern nomenclature of disease the name La Grippe stands prominently forth as signifying one of the most prevalent conditions at certain seasons of the year which confront the general practitioner at the beginning of the twentieth century.

The familiarity of the Laity with the name has, I think, resulted in a measure in all forms of cold regardless of degree of severity or special characteristics becoming classified both by the Laity and to some extent by the practitioner as La Grippe.

In the case of the Laity this is easily explained by their ignorance of the subject and the desire to be in the fashion and in the case of the physician the designation is often excusable for psychological reasons and others of a practical nature.

That there is a condition of common cold separate and distinct from the pathological condition of true La Grippe is of course recognized by all observers.

The selection of the proper treatment of La Grippe renders necessary a careful differential diagnosis between these two somewhat similar conditions.

The ordinary cold is seldom accompanied by any pronounced muscular soreness or "bone aching" as the La Grippe patient will describe it, while tumefaction of the mucous membrane of the air passages and later corryza are almost constant accompaniments of the condition. While in La Grippe the "aching all over" is always more or less pronounced and corryza is a somewhat rare symptom. The extreme prostration coming on immediately or with the decline of the fever is decidedly characteristic of the latter condition.

In the cases of La Grippe coming under my notice during the present season there has been in every instance a slightly painful condition of some portion of the throat.

In my opinion the mortality from La Grippe (barring indiscretions of the patient leading to subsequent pneumonia) should be nil.

In the cases coming under my care a somewhat routine treatment has been followed, varied occasionally as circumstances warranted by a little specific medication.

For the pyrexia regardless of degree of severity I consider aconite in small frequent doses the remedy par excellence and when I say aconite I do not mean a tincture made from any old specimen of the drug but a preparation such as is prepared by Lloyd or Merrell.

With the flushed face and bright eye I would add a little gelsemium to my aconite mixture. For the muscular soreness a little cimicifuga and where soreness in the chest is present a little bryonia.

I have also found the fluid extract of asclepias exceedingly useful given in fifteen drop doses preferably in hot water at frequent intervals.

Where the pain is very severe an occasional dose of one of the numerous analgesics may be necessary for temporary relief. In true La Grippe I do not consider quinine as of any value whatever and have never seen clinical results justify its administration.

With reference to variations in treatment according to specific indications I have found relying on tongue indications alone, that an alkaline sulphite or a dilute acid (generally the muriatic) have often given me the most gratifying results.

752 Wendover Ave., New York City.

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## THE DANGER OF DRUGS.

Notes from an address by Prof. Lloyd at the Mass. Eclectic Society's Meeting.

One of the most interesting addresses delivered yesterday at the semiannual meeting of the Massachusetts Eclectic society, held in Hotel Thorndike, was by Prof. John Uri Lloyd of Cincinnati, who is also president of the Eclectic medical institute of that place. Prof. Lloyd has had 30 years direct and active practice in

the pharmaceutical laboratory, and has been engaged in pharmacy since 1863. He told yesterday of the investigation of drugs, suggested as useful in medicine, to determine the authenticity of the claim of their sponsors. Said Prof. Lloyd:

"By far the larger number fail to support the claim upon which they are recommended. Even if discovered to possess curative properties it is almost inevitably the case that great exaggeration has been made.

"The Eclectic school has made it an object to develop the American materia medica, confining itself to native botanical productions. In doing this they investigate the drugs obtained from these plants and also study the chemical and pharmaceutical sides. For 75 years they have been making this work a specialty and have contributed the result of their investigation to the world of science. Thus they bring their contribution to the entire medical profession.

"The Eclectic school is small in numbers, but it is not to be measured thus, its real worth and influence are to be ascertained by what it accomplishes.

"If during the 75 years of our work we have even done no more than give to the world five invaluable new remedies, we have done the world incalculable good. To show that we have done this the pages of the pharmacopaeia and dispensatories embrace numbers of invaluable remedies introduced and developed by us.

"The cold blooded introducing of a substance as a remedy which has no therapeutic value is a crime against humanity. And be it said to the credit of the Eclectic school that no charge of this kind has ever been brought against it. Every drug introduced and every plant recommended in this school has been severely tested and then published under its proper scientific name, and placed free to the world for open use.

"With this thought in mind I wish to call to your attention that a great wrong can be done by recommending an inert and harmless substance, even though it be not of a kind to produce direct injury to the patient. For, in relying upon inefficient material, the physician is prevented from employing one of the many other articles which have an established value.

"Let us not forget that it is our duty to give as well as to receive. We employ materials and methods of the other schools, otherwise we would not be Eclectic, and, in justice to ourselves, we must make returns to them through our own special work.

"We, as Eclectics, are not antagonists of the older schools, but friendly competitors in the struggle to benefit the world." —Boston Globe.

## DEPARTMENT OF SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

"Don't quiet children with opium or any product of opium" constitutes advice overflowing with wisdom.

Patients afflicted with dribbling urine, accompanied by a burning sensation in the urethra, should be given Santonine. The administration of one grain every hour or two will usually afford prompt relief.

In spasmodic croup Ipecac is a remedy which should not be forgotten. If a speedy effect is desired from ten to thirty drops of the specific medicine (or a good fluid extract) may be given to a child three years of age, and repeated in thirty minutes if necessary.

In spasmodic urethral stricture Gelsumium is one of our most efficient remedies, when exhibited in doses sufficiently large to bring the patient fully under its

relaxant influence. Irritations of the bladder in the female also furnish a fertile field for the display of the great relieving power of this drug.

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Gastorrhagia is well treated with Ipecac. It not only lessens the hemorrhage by modifying the vomiting, but it has a direct influence over the hemorrhage itself. Ten drops of the specific medicine (or a good fluid extract) added to four ounces of water constitutes a prescription of which one teaspoonful should be administered every fifteen minutes to every hour.

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In fevers characterized by disturbance of the nervous system, a careful examination will very frequently reveal symptoms calling for Gelsemium, and its prompt exhibition may prevent the patient from passing into a very dangerous condition. Flushed face, unusually bright eyes and contracted pupils are prominent indications for this medicament which should never be neglected.

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The curative effects of a medicine are not so much dependent upon the dose of the drug as upon its quality. If the preparation faithfully represents the indicated medicament the dose required is small—much smaller, no doubt, than is generally supposed. A four ounce prescription containing five drops of the specific aconite, and given in teaspoonful doses every hour or two, furnishes a patient but a very small quantity of the drug, and yet we all know that this small dose is very effective, and in many fevers decidedly curative.

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In pneumonia or pleurisy, when there are sharp pains in the chest, and catching pains on inspiration, or a painful harrassing cough, Bryonia is a remedy to depend upon. It is also a reliable agent when there are inflammatory products to be absorbed. Its early exhibition, therefore, in effusions should not be neglected. In la grippe indications are often found for this agent. Bryonia and Gelsemium combined constitute an all-around prescription for it which will do a great deal more good than harm. That is more than can be said for most of the coal-tar "antis."

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Indications for Veratrum Viride are frequently seen in pneumonia. It is one of our best remedies in wrongs of the lungs. Under its influence the heart's action is improved, the pulse soon lowered, secretion established, breathing made more easy and expectoration more free. Some doctors prescribe Veratrum in nearly all of their cases of pneumonia, but in this, as in all other wrongs, the full and bounding pulse may be safely taken as the specific call for its aid. The cases needing Veratrum are usually found among strong and robust persons. Ten to twenty drops of Specific Veratrum (or a good fluid extract) added to four ounces of water makes a prescription of sufficient strength when administered in teaspoonful doses every half hour to every two hours.

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The duty and right of Eclecticism is to absorb everything that is of value to the sick. If a man sees fit to select a certain number of drugs and claim that they are cure alls he has a right to do so. There can be no doubt about that. If I find that a part or all of these selected remedies are of use to me in the treatment of abnormal conditions, as an Eclectic I also have a right to employ them. There certainly can be no doubt about that. In doing so, however, I do not necessarily endorse the extravagant claims made for them. I take them, one by one, and endeavor to discover specific indications which will serve as reliable guides when their aid seems desirable.

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Prof. H. T. Webster recommends the Carbonate of Potassium as a remedy for urticaria, or "hives," and says: "I have prescribed this remedy hundreds of times within the past few years without a single failure. Though, of course, not everyone has afterward reported." Add ten grains

of the drug to four ounces of water, and direct one teaspoonful of the mixture to be administered every hour.

In writing of Nux Vomica, Dr. Niederkorn says: "With this agent I believe I can relieve or cure over one-half of our gastric and intestinal disturbances, acute or chronic. Not those of an inflammatory nature, but in atonic conditions. There is no better remedy. Nausea, vomiting, pain in small intestines, where tongue is pallid, a creamy, pasty, yellowish coat on tongue, a yellowish sallow about the mouth: these are the guides. Let it be gastric, splenic, hepatic or intestinal, it makes no difference. Its decided tonic and stimulating action on the sympathetic or spinal nerves is very evident. Want of innervation, atonic conditions, *not* inflammatory or irritative conditions, *not* in central or nervous irritation *not* the reddened, elongated and pointed tongue, and you cannot go astray." R. Nux Vomica, gtt. i to v, water, oz. iv. M. Sig. Dose one teaspoonful every two to four hours.

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In speaking of specifics, Prof. W. E. Bloyer presents the subject in a most comprehensive manner, and pointedly remarks: "In many or all cases of certain diseases the same or nearly the same symptoms always prevail, and the same remedies are indicated in nearly all of these cases; yet these self same remedies cannot be termed specifics for these diseases, because some cases are not the same, and do not respond to the remedies. Because Aconite and Phytolacca are indicated in and will cure many cases of tonsilitis, we cannot call them specifics for tonsilitis. They *always* meet or counteract the *same* symptoms, whether the disease be tonsilitis or any other."

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## CRATAEGUS OXYACANTHA.

[Abstract from Dr. Fyfe's "Essentials of Modern Materia Medica and Therapeutics."]

*Common Names*—Hawthorn, English Hawthorn.

*Natural Order*—Rosaceæ.

*Description*—This thorny shrub or small tree is found throughout most of the north temperate regions of the world. Its leaves have from three to five lobes, are irregularly toothed and narrowed at the base. The flowers are white or pink, and have a pleasantly sweet odor. Its fruit is globular, red in color and contains a single hard bony nut.

*Doses*—Fluid extract, 10 to 15 drops; specific medicine, 5 to 10 drops.

*Usual Prescription*—R. Crataegus Oxyacantha, gtt. x to dr. i, water, oz. iv. M. Sig. Dose one teaspoonful every half hour to every three hours.

*Indications*—Cardiac neuralgia; palpitation; vertigo; irregular and intermittent pulse, with increased rate; despondency and anxiety; extreme dyspnoea on slight exertion, usually accompanied with pain in the region of the heart; mitral regurgitant murmur; nervous indigestion with constipation from atonic condition of the lower bowel; great exhaustion from slight mental or physical exertion; albumen and excess of phosphates in the urine; swelling of hands and feet, with a feeling of prostration; affections of the heart following attack of inflammatory rheumatism; valvular deficiency with or without enlargement.

Crataegus is a remedy of great power in both functional and organic wrongs of the heart. In angina pectoris and in valvular deficiency, with and without enlargement, most wonderful results have been obtained from its exhibition after the failure of some of the best known heart remedies. In cardiac dropsy its action is promptly curative, and in dropsical conditions not of cardiac origin it is said to be efficient. The best results are usually obtained from doses not exceeding two to five drops of the specific medicine (or a good fluid extract) every two to four hours. Very large doses frequently cause nausea and a sensation of fullness in the head.

Crataegus Oxyacantha is tonic, stimulant, solvent and restorative.

## RHUS TOXICODENDRON.

When one has carefully studied the indications calling for rhus toxicodendron, and thoughtfully observed its efficient and uniform action, its great value will be conceded, and the drug placed in the list of remedies essential to the successful treatment of many acute wrongs of life.

In erysipelas, when the part affected is vivid red in color, vesicles form and a burning sensation constitutes a prominent sense of suffering, this medicament will aid much in overcoming the affliction, and in erysipelas of the face and head, presenting a very bright red appearance, rhus is the internal remedy indicated, beyond a doubt. In all acute inflammatory fevers, when the face is flushed and the tongue and mucous membrane deep red in color, this remedy exerts an influence which is markedly curative in its direction, and in acute inflammations of the skin when there is bright redness and soreness, or sharp burning pain, its action is prompt and efficient. In fact, all local inflammations, showing spots of extreme redness, are much benefitted by this drug. In scarlet fever, when the skin has become livid, the tongue red, and the breath and discharges foul in odor, rhus is a remedial agent of great usefulness. In typhoid fever, and in all typhoid conditions complicating acute inflammatory diseases, with a dry red tongue and bright red mucous membranes, flushed face and tympanites, it quiets the patient, gives rest, and in a marked degree controls the delirium.

When indicated by bright red spots on the upper surface of the tip of the tongue, it is also very beneficial in the troublesome diarrhoea which frequently complicates typhoid conditions. In inflammatory rheumatism, when the tongue and mucous membranes are bright red in color, its effect is unmistakably curative, and in bronchitis, when the cough is dry and tickling, it is an efficient cough medicine. Local inflammations, indurations and swellings, characterized by a tendency to suppuration, and also ulcerations presenting very red edges, come within its curative range.

Pains in the frontal region and orbits, which are most severe on the left side and give a burning sensation, are cured by this agent, and the acute abdominal pain, of a spasmodic character, which frequently causes much suffering in cholera infantum, is greatly modified by its timely exhibition. Pains in the back and thighs, accompanied by a burning sensation, and sometimes by a numbness in the parts affected, are successfully treated with rhus; and pains in the lumbar and sacral regions, extending down the thighs, and accompanied by a sense of burning in the parts, yield prompt- to it.

The great therapeutic power of Rhus Toxicodendron, is, perhaps in no case more fully shown, than in its speedy control over that form of nervous excitement which so frequently causes children to start up and cry out from fright, and awake from sleep in a terrified manner. It is here a positive specific. With this remedy in his case the doctor need have no doubt that he can soon relieve the anxiety of all mothers whose little ones suffer from what they aptly designate as "Night Terrors."

Rhus Toxicodendron is diuretic, diaphoretic, laxative and stimulant to the nervous system. In large doses it is a powerful irritant, and, in most persons, produces swelling and severe vesication wherever it is applied. Its most prominent specific indications, are frontal headache, especially on the left side; burning sensations; bright flushing of the surface; burning sensations in the urinary passages; starting and crying out from fright; bright red flush of the left cheek; strawberry tongue.

Rhus Toxicodendron may be employed in doses of from one to two drops of the specific medicine (or a good fluid extract), but its best results are obtained by adding from five to ten drops of the specinc medicine to four ounces of water, and administering one teaspoonful of the mixture every half hour to every two hours.—Dr. Fyfe, in Mass. Medical Journal.

## SOCIETY MEETINGS.

Meeting of the National Eclectic Medical Association at Chattanooga, Tenn., June 18-20, 1901.

The next meeting of the National Eclectic Medical Association will be held at the above time and place.

We had the pleasure of visiting Chattanooga recently, and in company with J. R. Duvall of Atlanta, Ga., looked the ground over and I am frank to say that it is a marvelously picturesque place indeed as regards natural scenery, while many other conditions conspire to make it also a very interesting place. It is the scene of some of the most famous battles in history. Chickamauga National Military Park is the greatest military park in the world. The National Cemetary, Orchard Knobt and Missionary Ridge are all places every American should see without fail.

We have the promise of Lookout Inn on the summit of Lookout Mountain at the very reasonable rate of $2.50 to $3.00 per day with place of meeting in the Assembly Hall of Hotel.

This beautiful and imposing structure, 365 feet long with 400 rooms, built of red sandstone and finished in quartered oak is luxuriously appointed and finely decorated, with a dining room seating capacity of 350 persons. It is 1,700 feet above the city of Chattanooga and 2,500 feet above the sea level. Both days and nights there in June will be delightful, pleasant and cool, and the views from the mountain are commanding in the extreme. Henry M. Stanley, the African explorer, standing on Point Lookout said: "This is the most magnificent view in the world."

Lookout Inn is high above all noise and disturbance connected with the city, as quiet as a forest retreat, where only the hooting of an owl or the echo of your own voice breaks the sweet melodies of nature's music. It is only thirty minutes ride from the center of the city, connected by an incline 4,800 feet long, and rapid transit cars.

We shall have more entertainment than the regular session of the Society will allow, during the three days' meeting, so you had better come prepared to stay about a week.

Texas promises a fine delegation, Georgia and Tennesee promise us a grand welcome indeed. We shall certainly have the best meeting in the history of the Association. You cannot afford to be absent from this meeting, so come promptly on time and prepared to stay the full three days' session and you will be accorded such a large southern welcome that you will always remember with pleasure the meeting of the National at Chattanooga.

Dr. E. L. Standlee, President.

## MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

The fortieth semi-annual meeting of the Massachusetts Eclectic Medical Society was held at The Thorndike, Boylston street, Boston, Mass., Wednesday, January 16, 1901, at 10:30 a. m.

The following program was enjoyed by all present:

Reports of Cases.

F. W. Abbott, M. D..Traumatic Cerebritis
John Perrins, M. D..Subject unannounced
W. H. Russell, M. D.....Herpes Zoster
Lydia Ross, M. D.....Pneumonia
C. Edwin Miles, M. D.....
.....Ghonorrhaeal Rheumatism

Lunch.

Addresses.

Prof. John Uri Lloyd.....Cincinnati, O.
Prof. L. E. Russell.....Cincinnati, O

By order of the president,

PITTS EDWIN HOWES, M. D.
Recording Secretary.

The officers for 1900-01 are:

Charles Lloyd, M. D.....President
Asa L. Pattee, M. D.....Vice-president
Lydia Ross, M. D.....Cor. Secretary
Pitts Edwin Howes, M. D..Rec. Secretary
E. Edwin Spencer, M. D.....Treasurer
Nathan L. Allen, M. D..... Librarian

Councillors—Drs. C. Edwin Miles, Lillian G. Bullock, Albert J. McCrea, Asa L. Pattee, Frederick Wallace Abbott.

## NEW YORK SPECIFIC MEDICATION CLUB.

At the New York Specific Medication Club meeting, held Thursday evening, January 10, in the E. M. C. parlors, 239 E. 14th St., Dr. W. L. Heeve, presided. Dr. M. B. Pearlstein read an essay on Lobelia which was thoroughly discussed. Many valuable points on the drug were brought out. Dr. G. W. Boskowitz was elected to preside at the next meeting.

Among those present were Drs. W. L. Heeve, G. W. Boskowitz, F. L. Morhard, H. Scaison, H. J. Doll, S. A. Hardy, W. I. Louis, O. A. Hyde, M. B. Pearlstein, H. J. Birkenhauer, P. Nilsson and W. J. Krausi.

H. J. BIRKENHAUER,
Secretary.

The joint meeting of the N. Y. County Eclectic Medical Society, the Kings County Eclectic Medical Society and the New York Specific Med. Club will be held Thursday, February 14, 1901. Prof. D. N. Bulson, M. D., is the speaker for the evening.

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## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular meeting of the above society was held in the hall of the society on Thursday evening, January 17th, Dr. J. H. Bell presiding and Dr. H. J. Doll recording. The feature of the evening was the secretary's report which showed ten meetings held, fourteen essays and six clinics presented during the year.

The financial report was most gratifying, no debts, and a comfortable balance in the treasury.

The announcement of the publication of the Review met with general satisfaction and the promise of universal support. There were about thirty members in attendance.

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## ITEMS.

Kings County Eclectic Medical Society.—A very pleasant evening was spent at the office of Dr. M. B. Pearlstein, 547 Madison St., Brooklyn, on January 21st. The work of the Society was reviewed and the necessity of a central and permanent hall for meetings discussed.

There were present Drs. Salter, Muncie, Boskowitz, Krausi, Tobynne, Heeve, Doll, Mason, Arvine and Pearlstein.

On December, 1900, Dr. J. H. Bell was installed master of his Masonic lodge.

Dr. Baily-Brown-Valedictorian of the class of 1900 has located at Putnam and is having a full measure of success.

Dr. F. Terwilliger is pleasantly located at Barton and is doing well.

Dr. Alfred W. Herzog has removed his office to 154 East 30th St.

Dr. T. D. Crothers of Hartford, Conn., will deliver a course of clinical lectures "On the Neuroses and Psychoses of Spirit and Drug Diseases" at the hall of the New York School of Clinical Medicine, 328 West 42d St., New York City. The first lecture will be given February 18th, at 8 p. m. The profession is cordially invited to attend.

The Ladies Auxiliary of the Cosmopolitan Hospital Society announce that they will give a grand concert at Majestic Hall 115-125 East 125th St., on February 26th. Tickets can be obtained from the treasurer, Dr. J. Oshlag, 1622 Ave. A. We hope this will be well patronized.

On January 24th Mr. Adler introduced a bill providing that the regents shall admit to practice any physician who received the degree of M. D. from a registered medical school and who has been examined and licensed by other state examining boards. "This lets down the gates."

On the evening of February 7th Dr. J. Takamine entertained the Beachonians and their friends with his delightful illustrated lecture on Japan.

Copy of proposed amendment to the medical law, now in the assembly. State of New York. No. 167. Int. 167. In Assembly. January 14, 1901. Introduced by Mr. Bell—Read once and referred to the committee on public health.

AN ACT to amend section one hundred and fifty-two of chapter six hundred and sixty-one of the laws of eighteen hundred and ninety-three, entitled "An Act in relation to the public health, constituting chapter twenty-five of the general laws."

The people of the State of New York, represented in the senate and assembly, do enact as follows:

Section 1. Section one hundred and fifty-two of chapter six hundred and sixty-one of the laws of eighteen hundred and ninety-three, entitled "An Act in relation to the public health, constituting chapter twenty-five of the general laws," is hereby amended to read as follows:

Section 152. Construction of this article. Any person shall be regarded as practicing medicine within the meaning of this act who shall prescribe, direct, recommend, or advise, for the use of any other person, any remedy or agent whatsoever, whether with or without the use of any medicine, drug, instrument or other appliance, for the treatment, relief, or cure, of any wound, fracture, or bodily injury, infirmity, physical or mental or other defect or disease. This article shall not be construed as prohibiting the service of any person in an emergency, or the domestic administration of family remedies; nor shall it be construed to affect commissioned officers serving in the United States army, navy or Marine hospital service while so commissioned; or anyone while actually serving on the resident medical staff of any legally incorporated hospital; or any legally registered dentist exclusively engaged in practicing dentistry; or any manufacturer of artificial eyes, limbs or orthopedic instruments or trusses in fitting such instruments on persons in need thereof when such artificial eyes, limbs or orthopedic instruments or trusses are prescribed by lawfully qualified physicians; or any lawfully qualified physician in other states or counties meeting legally registered physicians in this state in consultation; or any physician residing on a border of a neighboring state, and duly licensed under the laws thereof to practice medicine therein, whose practice extends into this state, and who does not open an office or appoint a place to meet patients or receive calls within this state; or any physician duly registered in one county called to attend isolated cases in another county, but not residing or habitually practicing therein. This article shall be construed to repeal all acts or parts of act authorizing conferment of any degree in medicine causa honoris or ad endum or otherwise than on students duly graduated after satisfactory completion of a preliminary and medical course of not less than that required by this article, as a condition of license.

Section 2. This act shall take effect immediately.

This seems all right but watch for amendments.

## BOOK REVIEWS.

Eclectic Manual, No. 1—Syllabus of Eclectic Materia Medica and Therapeutics—by F. J. Locke, M. D., and H. W. Felter, M. D. Second Edition. 12mo., 498 pp. Cloth. Price, $2.50 net. The Scudder Brothers' Company, publishers, 1009 Plum St., Cincinnati, O.

As its title indicates this is a syllabus of Materia Medica and Therapeutics by one of the best known teachers on the subject in our school.

Prof. Locke needs no introduction. He is known to all our practitioners and this volume will recall to many his interesting and instructive lectures. He has always been a tower of strength to the Eclectic Medical Institute.

To students this book will prove one of the very best guides on this important subject.

The National Transactions and Eclectic Manual No. 4 received too late for review in this number. They will appear in the March number.

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## A Monthly Journal

DEVOTED TO

Eclectic Medicine and Surgery.

GEORGE W. BOSKOWITZ, M. D., EDITOR,

ASSISTED BY THE

FACULTY OF THE ECLECTIC MEDICAL COLLEGE.

ADDRESS SUBSCRIPTIONS AND ALL BUSINESS LETTERS TO GEO. W. BOSKOWITZ, M. D.,
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VOL. IV. MARCH 15, 1901. No. 3



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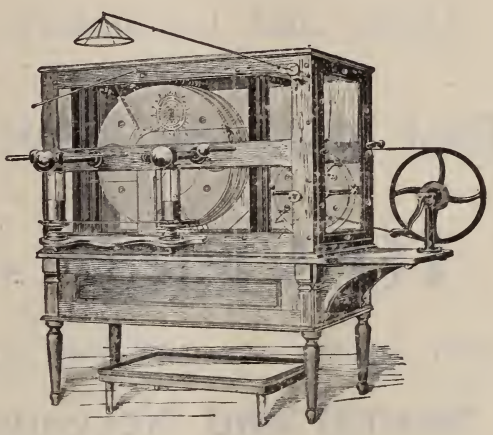

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# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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SELECTIONS. ITEMS. BOOK REVIEWS.

## OUR STATE MEETING.

Everything points to a fine gathering and successful meeting on April 3rd and 4th at Fishkill Landing.

Dr. A. R. Tiel is chairman of the committee of arrangements. He proposes a visit to the Matteawan State Hospital during the afternoon session of the first day, and a banquet in the evening. Your secretary has the promise of papers from Drs. King, Sutton, L. H. Smith, Liston, Thompson, Krausi, Muncie, Bell, Hyde, Padgham and a host of others, which assures us a genuine literary treat. And there is business to be looked after. Many medical bills have been presented to the legislature this year. Your committee will present a full report on this subject.

The Eclectic State Hospital committee appointed by President Whitney, will report (and we hope it will be something more than progress.) An invitation from the Western New York Society to hold a semi-annual meeting at Buffalo during the Exposition has been received, and must be acted upon at this meeting. The transactions are also promised for distribution at this time—Can you afford to miss it?

---

## RESOLUTION ON BELL BILL.

Resolution unanimously adopted at regular meeting of the Eclectic Medical Society of the City and County of New York, held at 239 East 14th street, Manhattan, New York City, February 21st, 1901.

Resolved, That the Eclectic Medical Society of the City and County of New York, heartily endorse, and approve the bill now pending before the legislature of this state, popularly styled the "Bell Bill," and known as Assembly Bill No. 167, for amendment of the medical laws of this state, by so defining the practice of medicine as to cover all treatment of disease whether with or without the use of medicines.

## ADDRESS ON SPECIFIC MEDICATION.

By D. N. Bulson, M. D.

Mr. Chairman and Fellow Physicians:

I think no one could feel more than I the difficulties that beset one who endeavors to address a company of physicians such as we have here to-night. We are here for the purpose of being entertained, and, at the same time, instructed, for the physician who feels fully the great importance of the work in which he is engaged is, at all times, striving to improve himself intellectually and professionally. I often wonder if, when we are young and about to take up this work of fitting ourselves for physicians, we fully realize the great importance of the step and the wonderful responsibility that goes with it. I confess frankly that I did not until I had been practicing for some time. The physician should ask himself if he has the intellectual ability, the proper education, and, above all, the moral rectitude, which will make him worthy of the confidence reposed in him, when people place, not only their own lives, but the lives which they often hold dearer than their own, in his hands. We should ask ourselves, "Have we selected that form of practice which will produce the best results?" If we cannot answer these questions in the affirmative it were better that we retire at once from the profession. I know we very often feel that we do not receive the reward due our labor, which is only too true. Carleton illustrates this in his beautiful little poem of "The Country Doctor."

"In the night-time or the day-time, he
would rally brave and well
Though the summer lark was fifing, or
the frozen lances fell;
Knowing if he won the battle, they would
praise their Maker's name.
Knowing if he lost the battle, then the
doctor was to blame."

Yet if we are faithful to our trust our reward does come in the love and respect of the community even though it may not be shown till after our death as Carleton

goes on to tell us, speaking of the doctor's funeral:

"There's a gathering in the village, that has never been outdone
Since the soldiers took their muskets to the war of 'sixty-one;
And each window is pre-empted by a dozen heads or more,
And the spacious church pews crowded from the pulpit to the door, etc.

Physicians, by the very nature of their work, are apt to become critical, hence, when the invitation came to me to address the joint meeting of the Eclectic Specific Medication Club and the New York and Kings Counties Eclectic Medical Societies, while I appreciated the compliment, I felt somewhat embarrassed, especially at the term "Orator of the evening."

Gentlemen, I am no orator, but a plain, practical physician, thoroughly interested in the momentous question of "Specific Medication," in which, I trust, we are all equally interested and have a fellow feeling.

It has been rightly said that "There are many echoes in the world and but few voices," and it is hard to say anything new on this subject which has already been so well discussed and should be well understood by all Eclectics of to-day.

The history of our school has been many times recounted. You all know how, when the necessity for a new school of medicine arose, Beach, King, Thompson and others arose also, and founded a system which has withstood the bigotry of the self-styled "Scientific Schools of Medicine" and has been handed down to us as a precious legacy which we should strive to be worthy of. The history of our school shows that the foundation on which it rests is stable, and the law under which we work has been proven to be a law of nature. It has withstood the tests of experience, the scorn of ignorance, and, to-day, when better understood, shines forth as a necessity to the conscientious physician who would treat intelligently those diseases which are subtle in their action, and distinctive in their results, while the physician, who undertakes to sail in the bark of experience without the chart of Specific Medication to guide him, is liable to be wrecked. The foundations laid by the Eclectic School during the past seventy-five years will support any superstructures we may erect thereon, with all the energy, enthusiasm and industry that we may expend during the coming fifty years.

The distinctive feature of our school is its system of therapeutics founded upon the Materia Medica and applied under the law of Specific Medication. Very often there comes to my office an agent for some drug firm and extends his card with great dignity. On looking at the name I find "M. D." affixed. He seems to feel that as he is a brother practicioner you must treat him with the utmost courtesy and listen patiently while he tells of the wonderful compound of the firm which he represents. I have always taken particular pains to inquire where these men graduated, and I am proud to say that I have yet to find one who was a graduate of an Eclectic College. Eclectics who understand Specific Medication, and practice it, do not become disgusted with their profession and give it up to become an itinerant vender of medicine.

When we reflect that all through the history of the Eclectic system of medicine this one line of thought was paramount, with all its advocates only awaiting the master hand of John M. Scudder to put it into more definite shape for our understanding and use, and that it has not been necessary to change one line or to expunge any of the symptoms as given by him we realize how firm a foundation was laid for us. The practice is always the same. This we claim, is one of the best arguments in favor of Specific Medication. Other schools of medicine are constantly changing their form of practice, taking up one fad and then another to be in turn discarded for a third and so on ad libitum thus admitting that they have no fixed law of practice. We admit that many of the stones used in the building of the foundations were very rough in their exterior but they have be-

come polished because many of the symptoms have been verified over and over again thus becoming sign-boards pointing the physician unerringly to the remedies for the cure of the sick which is the goal of his ambition.

Every true Eclectic physician to-day wins his success and popularity in the community where he resides, aye, probably the very home which shelters him, and his all—to this one God-given law of Specific Medication. He may not be willing to acknowledge it, nevertheless it is true. I know of many Eclectic physicians throughout this state and all are prosperous and respected. Devotion to any good cause exerts a refining and uplifting influence on ones whole nature. It is this law of which I am speaking which has preserved our school and brought us to the envied position which we now occupy in regard to the curing of disease. It is this law which gives us faith in medicine, faith in nature, and faith in an all-wise Creator, who conceived this law of cure and gave it to man for the preservation of his most glorious work—mankind, whose physical growth and intellectual attainment would be impossible did he not furnish remedies to meet the necessities of the broader life. Without faith in the law of Specific Medication the Eclectic physician would be an impossibility, but because of this faith he has been able to withstand persecution, ostracism, and sometimes the pangs of poverty believing the reward was sure in the end to him who "Stands and Waits." I cannot emphasize too strongly this one fact that to be a successful and eminent Eclectic practitioner you must be guided by the natural law of Specific Medication. I believe it should be carefully taught to our students and I am glad our worthy Dean is making every effort possible to have this done in this, our Alma Mater. All our hopes for the future of our school depend upon our adherence to this law. Therefore let nothing quench our ardor in the study and development of this distinctive idea. Let us not be disheartened by any obstacles or seeming failures, but "with eyes by faith annointed walk on serene, unvexed and calm." If the founders of our school could be with us to-night me thinks their faces would be wreathed in smiles of satisfaction because, in spite of the hardships which they had to endure, they would realize that we, their followers, now numbering thousands, are reaping the benefits of their labors. These thousands of Eclectics are scattered all over this fair land of ours benefitting thousands of others by the administration of pleasant, direct remedies given according to the law of Specific Medication. Our college graduates are more intelligent and better equipped every year. Eclectic physicians are receiving more and more public recognition. These things are hopeful and satisfactory. Still, there is a great work yet to be done. No physician can be successful who is not thoroughly in earnest in his work and in accord with the cardinal, distinctive features of the school of which he is a member. If you have not been as successful as you could wish would it not be well to enquire into the cause. Do not condemn the law for your lack of a knowledge of it. You should inquire of yourself whether you have the proper education and mental development to make those fine distinctions in diagnosis that are necessary when using such delicate means of cure as our law of specific diagnosis and medicine.

It is much more satisfactory to be a successful physician than an unsuccessful one. Then if you would be the former hold fast to the faith which is in us. Have we not in it a guide to the treatment of all diseases, a law of God and nature? The future is full of hope to us. As we stand on the brink of the new century let us say of our cause, in the words of Longfellow,

'Our hearts, our hopes, are all with thee,
Our hearts, our hopes, our prayers, our tears,
Our faith triumphant o'er our fears,
Are all with thee,—Are all with thee."

Rockville Center, New York.

## HERPES ZOSTER.

By William H. Russell, M. D.

[Read at the semi-annual meeting of the Massachusetts Eclectic Society.]

Read at the semi-annual meeting of the Massachusetts Eclectic Medical Society.

Common Name .—Shingles. Classical description; an acute, self-limited disease, with a tendency towards spontaneous recovery. The attack is precedeu for a few days, by itching, burning, and fever. The eruption consists of vesicles upon a red inflamed base, crowded together in irregular groups with patches of sound skin between. In a short time, the first crop disappears, and a new crop of vesicles make their appearance. The vesicles contain a clear yellowish fluid, which in time becomes puriform. Herpes Zoster is restricted to no particular portion of the body.

Duration .—Ten to twenty days. Is most common in winter.

Causation .—Debility of the nervous system, traumatism of a nerve, exposure to cold, strong emotion, bad hygiene. fatigue, improper food, or the administration of arsenic; which is equivalent to saying that the cause is unknown.

This, at times, very painful disease, is undoubtedly the local manifestation of a neuritis. The severity of the disease is due—probably—to the extent of nerve involved. If the peripheral portion of the nerve, only, is involved, then we have a mild form of the disease. If the nerve proper is involved, we then have excruciating neuralgic pain, although the eruption may not be any more extensive than in the mild form.

I was called, a few years ago, to attend an old lady, about 70 years of age, who complained of excruciating pain, commencing at the left shoulder, and extending down the arm, and hand to the tip of the fingers. She could neither lie, stand or sit with any degree of comfort. She continued in this condition for two or three days, when an eruption appeared on the arm, and in the palm of the hand—the typical eruption of herpes zoster. There was also contraction of the fingers.

Treatment .—For the agonizing pain I used deodorized tinct opium. After the eruption appeared, I gave rhus tox and phosphide of zinc. Collodion and dusting powders of various sorts were applied to the vesicles.

The patient improved slowly. I do not think she ever recovered entirely from the attack, that is to say the arm and hand have been sensitive and motion has not been as great as before the attack.

There is nothing extraordinary connected with this case; I confess that I could not make a diagnosis until the ruption appeared, as we usually find the eruption of shingles following the dorsal or lumbar nerves. The lesson taught is that all pains and inflammations occurring in elderly persons, are not of a rheumatic character.

It is important to make a diagnosis in every case as soon as possible, but it shows poor judgment to make a new diagnosis at every visit. Among a certain class of patients, a lie well stuck to creates a better impression than the truth told waveringly.

There are certain physicians who never make mistakes. They never lose cases of typhoid fever, pneumonia, diphtheria or puerperal convulsions. They never lose cases, which ordinary physicians, in natural form, see slip beyond the confines of this mundane sphere. The Lord help the patients of the physician who never makes a mistake. According to modern ideas, these physicians are afflicted with the condition known as self-hypnotism, or auto-suggestion. In the olden time we used to call them liars.

Ipswick, Mass.

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## CASE OF RUPTURE OF THE PREGNANT UTERUS.

By C. F. Gissler, M. D.

I was called to the fourth delivery of Mrs. W., age 38, on August 1st, 1897, by Mrs. M., an experienced mid-wife, whose

husband, then a medical student, was also present.

The woman (weight about 260 pounds) had been in labor for several hours, when suddenly the funis prolapsed, followed by inertia.

The position of the child was with the head in R. O. P., its breast toward the left of the abdomen. The latter was extremely pendulous.

Under chloroform and in a transverse position I applied forceps for some time. The handles became very slippery. I went away to get a towel to wrap around them and while I turned the ponderous woman suddenly broke through the bed, several wooden slats having broken, the handles of the forceps striking the edge of the bed.

We carefully lifted her, forceps removed, and placed her on another bed in a transverse position. A manuel examination with the thoroughly aseptic hand and arm showed me that there was a transverse uterine rent, the examining hand could be passed through the rent and into the abdominal cavity. I quickly turned the child out of the uterus by podalic version and sent for Dr. A. Bell who came when she breathed her last. Gave hypodermic injections of Strychnine and other remedies, but all in vain. There was scarcely any hemorrhage.

Brooklyn, New York.

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## ADENOID VEGETATIONS OF THE NASO-PHARYNX AND THEIR TREATMENT.

By Alfred W. Herzog, M. D.

When we consider that about seventy-five per cent. of all persons suffering from adenoid vegetations of the Naso-Pharynx are hard of hearing; when we consider that over sixty per cent. of all the deaf mutes are found to be suffering from this disease; when we consider that sufferers from this disease are mouthbreathers; and when we consider what the consequences of mouthbreathing may be and generally are; when we consider that in children suffering from adenoid vegetations the expression of the face changes from bright to stupid and listless; that the formation of the jaw, of the nose and of the lips changes so that an experienced observer can diagnose many cases of adenoid vegetations at a distance of twenty feet; when we consider furthermore that even the patients speech changes so that he can hardly be understood; when we further consider that adenoid vegetations are principally occurring in childhood, when the child's character forms and when the child is expected to gather knowledge; and when we know that children who suffer from adenoid vegetations are unable to concentrate their minds, we must come to the conclusion that it is of the utmost importance that a disease which can be cured as easily as adenoid vegetations of the Naso Pharynx be diagnosed promptly and cured without any unnecessary delay.

Indeed it seems to me of more importance to promptly diagnose a case af adenoid vegetations of the Naso Pharynx than a case of consumption.

For while the latter at the present time is generally admitted to be incurable, the former may not only result in consumption, but may be easily cured in a short time. So that the physician who fails to diagnose a case of consumption as promptly as might be desired works little harm; while he who fails to diagnose a case of Adenoid Vegetations of the Naso Pharynx may be the cause of the patient becoming a consumptive, a deaf mute or of spoiling his whole career in life.

The diagnosis of Adenoid Vegetations of the Naso Pharynx is easily made. All the symptoms point to an obstruction in the nose, except perhaps the voice, which in some cases sounds like the voice of a patient suffering from acute angina or enlarged tonsils.

Yet generally even the voice is characteristic. It is usually nasal to such a degree that the patient can hardly be understood. Often parents imagine that patient is "tongue tied", while the physician will be

able to notice at the first glance where the difficulty really lies. While adenoid vegetations may occur in adults, we find the vast majority of cases in children; therefore I will assume that our hypothetical case occurs in a child. In an adult the diagnosis is of course easier, because an adult will generally not put any difficulties in the way of the physician during examination and treatment.

When the child is brought to the physicians office, he generally notices, even before the parent has said one word about the case, that the child is suffering from adenoid vegetations. It is true that the obstruction to the breating is in the Naso Pharynx and a positive diagnosis can not be made except by either inspection by means of posterior rhinescopy or digital examination; yet even as we diagnose certain diseases of the eye by the position in which the patient holds his head; even as some criminals are convicted by means of circumstantial evidence solely, so can we in most cases diagnose a case of Adenoid Vegetations by circumstantial evidence. That is to say by the expression of the patients face, the shape of the nose, the curve of the lip, the half open mouth, possibly the listless expression of the patients eyes, perhaps also audible breathing. Then the parent is likely to tell us that the child is hard of hearing or does not get along well at school. That it breathes very hard when asleep, and generally snores very much. That it sleeps very restless; does not grow well; does not eat well. Sometimes we also are told that the child will raise a great deal of secretion, which dribbling out of the mouth during the night is found to cover part of the pillow in the morning.

We ask the child to open the mouth and upon inspection very often find a very characteristic shape of the superior maxilla; the upper jaw is contracted; the roof of the mouth is narrow with a very high arch. We do not wish to frighten the child with posterior rhinescopy and digital examination before we have made an anterior rhinescopic examination, and other tests which are painless and not likely to be objected to.

So we first try to induce the child to speak and if we succeed we will find that the speech of the child is thick and indistinct. The speech may be nasal or not. This depends in a great measure on the way the patient opens the mouth and breathes. But in all cases it is thick and indistinct. Then we examine the patients hearing and will generally find it very defective. We then ask the patient to close the mouth and by closing first one nostral then the other determine whether both nares are occluded. Anterior rhinescopy will determine whether there are any hypertrophies or polypi, deviations or exostoses. Then come the two modes of examination to which the little patient is most likely to enter objections. These are posterior rhinescopy and digital examination. Posterior rhinescopy is difficult at the best, even in adults. In children it is very likely to be unsuccessful, except the physician does not mind torturing the child for quite some time.

If it succeed, the Adenoid Vegetations, if present, are seen obstructing generally the whole of the choanae, and often filling the whole Naso Pharyngeal space.

They may hang from the roof of the vault like stalactites or stand from the walls in clusters. They vary in color from very light pink to a bright red, in size from a millet seed to a raspberry and in consistency from very soft to quite considerable hardness. Whether we have succeeded with posterior rhinescopy or not, we proceed to digital examination. If the examination be made in a child, the finger must be either well protected, or a mouth gag should be used. The physician examines the right side of the Naso Pharynx with the fore finger of the right hand and the left side with the fore finger of the left hand. This will complete the examination and make the diagnosis absolutely certain.

Of course a differential diagnosis must be made between Adenoid Vegetations and

Polypus. Retropharyngeal abscess and perhaps some new growth other than adenomata, yet this is so easy that bare mention of the names of these conditions should suffice to put everyone on their guard, and then a mistake is hardly possible.

There is only one thing to be done after the diagnosis is made; and that is to operate as soon as possible. I am well aware of the fact that some physicians treat Adenoids by means of sprays and swabs, mouth washes and gargles, astringent applications, the galvanocautery and a great many other modes and methods; yet as I am not aware of a single case that has been cured in this way, though I know of several cases that have been treated for more than a year, I will not mention any such mode of treatment except for the purpose of condemnation, except in cases of haemophila, where any cutting operation would be dangerous .

I prefer to do the operation without the use of any anaesthetic either general or local.

I abstain from general anaesthesia on account of the number of deaths that have occurred from the anaesthetic which is vastly out of proportion to the dangers of the operation itself, and from local anaesthesia on account of the after hemorrhage, which is more likely to occur when cocaine is used, then without it.

As to the methods of operation, I use curettes of various styles and sizes and find that with them I can operate quicker and as thoroughly as with the different kinds of cutting forceps and thimble knifes that are in use.

Cutting forceps are inferior to curettes except when used in conjunction with the rhinoscopic mirror and then the curettes answer just as well. Thimble knifes must be changed from the right to the left hand if the work wants to be done thoroughly and offer besides the disadvantage that they cause a great deal more irritation during their use than curettes.

Some operators use the fingernail for the purpose of scratching off the Adenoid Vegetations.

I myself have been induced in former years to resort to this method, but have abandoned it for two very great reasons.

The first is, that a busy operator will be sure to have his finger nail oftener broken than intact, and that the nail will generally break during an operation. The second reason however why I have abandoned this very unsurgical method is, that even were it possible to thoroughly sterilize the fingernail before the operation, it is bound to come in contact with the mucous membrane of the mouth while it is placed behind the velum palati and in this way is very likely to cause an unclean wound.

Adenoid vegetations are not likely to recur when once they have been thoroughly cleared away.

Yet as a few small vegetations are likely to escape detection during the first operation I cause my patients to return to me three or four times for examination before I discharge them as cured.

Aftertreatment is not absolutely necessary; yet I have found it a good plan to apply Europhen to the wounded surfaces either in powder or solution, as it will not only prevent infection but also promotes absorption to a high degree.

154 East Thirtieth street, New York City.

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## CASE OF PNEUMONIA.

By Lydia Ross, M. D.

The following case of pneumonia, with delayed resolution, may be interesting from the length and severity of the case and the patient's age. On December 19, 1899, I was called to see a retired sea captain, aged 75 years. He was sitting up but was feeling generally miserable. No pain except a deep-seated distress at pit of the stomach, which persisted for weeks, and was the only pain complained of during his sickness. He had fallen sixteen feet through a hatchway, a year before, and while in the hospital, was so distressed with a similar pain as to require opiates

for some time. On examination the tongue was found broad, with a heavy, dirty white coating, which cleared satisfactorily under soda sulphite, which gave some general relief, but did not relieve the distress, evidently due to a nerve disturbance rather than to an embarrassed and inactive digestion.

A slight cough gradually developed, without chest pain, and an insidious type of pneumonia had at the end of a week involved the entire left lung. The sputum did not show the prune juice color, but throughout the disease, was thick and tenacious, being raised with difficulty. The cardiac muscle was unusually strong, and was doubtless the main element in the ultimate recovery. The nurse's chart for three months shows a pulse between 80 and 100, most of the time averaging 90. The case was faithfully and efficiently nursed.

At the end of three weeks there were general signs of prostration, slipping down to the foot of the bed, sleeping with jaw dropped, very restless, the suffused look of the skin showing a sluggish circulation, and the bowels moving involuntarily. He slept badly throughout, and after using the various indicated remedies, hyoscyamus, passiflora and getting some good results from gelseminum, would occasionally have to resort to hypodermics of morphia. He would sleep well thereafter, wake up refreshed and usually would seem to retain the quieting effect, without depression, for several days.

During the third and fourth weeks, he remained about the same, looking like a hopeless case which might at any time develop fatal symptoms. At the fifth week no movement of the left chest or respiratory sound could be detected, the expectoration remained tenacious, and was raised with difficulty, even with the aid of expectorants. A fly blister two by four inches was applied to the chest and after two days at the suggestion of Dr. E. E. Spencer, I removed it to the left arm, just below the shoulder. He seemed quite low, and at the end of 24 hours the skin under the blister showed no redness. However, it was allowed to remain, and the next day raised up well. The arm was kept irritated with tar plaster, for two weeks, producing a profuse, greenish discharge of apparent pus. The lung seemed slightly relieved.

At this time, the fifth and sixth weeks, the bladder and bowels moved involuntarily. The pulse was weaker. The skin at times very clammy. The mouth and tongue parched. The temperature ranging from slightly subnormal to 99, except on two occasions when a sudden and transient rise touched 101:5 and 102:5 respectively. The arm becoming sore, the tar was omitted, when the expectoration, previously white, became green and the breath grew offensive. This condition recurred several times, but yielded readily to small doses of iodoform in pills. The blisters were applied over various portions of the chest, without the tar plaster, at intervals for some days.

Not until the latter part of March could air be detected in the left lung. The respirations all through and even on the chart for April 7 ranged from 30 to 40, mostly at the latter rate, and were continuously irregular. For weeks the face was pinched and drawn, and there was much twitching of the facial and other muscles.

He was delirious some part of the day and especially at night all winter, his mind mainly wandering over old shipping experiences. He would often answer and talk quite rationally and remembered the dates when some business was due and reminded his friends it was a certain day of the month. He was mentally depressed and much irritated because he could not die and get through, though he afterward said the winter was a blank to him and he had no memory of his sickness until the trees came out in the spring.

On March 19th he sat up in bed a few minutes, though five days previous he had an unaccountable rise of temperature and looked as if he were dying.

In the latter part of April, while stepping from the chair to the bed, he fell, striking the right side, and at once developed sharp symptoms of pleurisy, which yielded to bryonia and a bandage.

Among other indicated remedies he had aesclepias Tr. phosphorus, chloride and iodide of ammonium in cough mixture, syr. hypophosphites, and emulsion; and in looking back over the case, I have queried whether an old fashioned lobelia emetic on the start might not have changed the entire chart of the case.

The patient called in the office recently, walking without a cane, and seemingly in good health and spirits.

Watertown, Mass.

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## ACROMEGALY.

By G. W. Boskowitz, M. D.

[Report of case presented at New York Eclectic County Society ]

The case which I present to you this evening is one of those peculiar difficulties first described by Marie in 1886. Acromegaly so called from its tendency to increase the volumn of the bone extremities. It is characterized by progressive increase in weight, and by the enlargement of all the extremities, soft tissues and bones alike but the special and characteristic envolvement is that of the lower jaw. In some cases it is said to assume enormous size and project so that its teeth are far in front of those of the upper.

The supraorbital ridges enlarge as do also the sternal ends of the clavicals and costal cartilages. As the disease progresses the ribs widen and the scapulae enlarge the vertebrae and the intervertebral cartilages are thickened and fused together causing usually cervicodorsal kyphosis.

The long bones of the limbs suffer later especially at the lower most joint ends. The viscera are rarely affected but there is said to be a peculiar and characteristic enlargement usually of the thyroid and pituitary bodies.

The lower cervical ganglion of the sympathetic is also sclerosed. The mucous membrane of the nose is usually hypertrophied and the uvula enlarged. This disease is essentially symetrical, and for each change upon one side of the body we notice a corresponding alteration on the other. It is supposed to start between the tenth and thirtieth year and lasts from ten to twenty years. The power of vision in some cases is completely lost owing to the pressure exerted by the enlarged sphenoid bone on the optic nerve.

The symptoms generally present are: Severe pains in the head, and a general sense of weakness and the symetrical enlargement above referred to. This man presents a well marked case. He is 29 years of age, and up to his 23rd year he seemed to be in very good health, and from a photograph taken at that time, his features appear normal. For six years he has suffered with intense pain in his head, starting from the root of the nose. For two years he was treated for neuralgia, and three years ago was operated upon for it.

He has been two years in the hospital and the only relief for the pain in his head has been the administration and continued use of morphia, of which he now takes 4 grains a day. At this time there has been so much enlargement that he has to wear a hat a full size larger than he did a few years ago, and his hands and feet have grown a full size larger.

You will notice that the bones of the hand seem to have both broadened and lengthened. The sternum, ribs, and scapulae also show some enlargement, but the lower jaw and nose seem to show the greatest enlargement.

As to the cause of this peculiar difficulty very little is known.

In Park's Surgery we find this note: "The underlying pathological condition is as yet undetermined, though most indications point to late alterations along the original cranio-pharyngeal tract of the young embryo, whose remains are best known in the pituitary body and the thyroid.

The disease is steady progressive unaffected by treatment and the prognosis bad though its course be slow."

New York City.

## A BIT OF MY EXPERIENCE.

By W. H. Russel, M. D.

For the past four weeks, I have been summoned, almost daily, to attend patients suffering with the following symptoms:

First: Chills, unable to get warm.

Second: Elevation of temperature, from 102° to 104°.

Third: Severe pain in the head; some cases confined to the frontal region, others the pain extending from the shoulders, up the back of the neck, and over the head.

Fourth: Severe pain in the back, and limbs.

Fifth: Severe coryza or bronchitis.

Others were effected with severe gastro-intestinal symptoms, simulating colic, and dysentery. These various symptoms are included under the genneric head, La Grippe. How nonsensical it sounds to the specific medicationist to hear a physician say, that he has found a remedy for a name which is applied to symptoms of so diverse a character.

I have used the following remedies: Bryonia, gelsemium, aconite, eupatorium perf sticta pulm, lobelia, colocynth and cuprum arsenite, in accordance with the principles of specific medication.

The following combination has been indicated in a majority of the cases.

Aconite gtt. v.
Gelsemium gtt. x.
Bryonia ix gtt. xx.

In some cases the addition of eupatorium perf, gtt. xv has been of benefit. In others lobelia, or stecta pulm. For the gastro-intestinal trouble, cuprum arsenite gr. 1-100 to 1-50 aquae ℥ iv. Teaspoonful hourly; also colocynth if indicated. For the extreme weakness following, or accompanying the attack, strychnia in doses suitable to the case, usually gr. 1-60 every four hours.

I have used the following for bronchitis this winter with good results:

℞.
Tinct Lobelia Comp. ℥ ii.
(King's expectorant)
Syrup Simplex ℥ iii.
Sig: Take a teaspoonful hourly.

Ipswich, Mass.

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## A TREATMENT OF SYPHILIS.

### A New and Tolerable Form of Administering Mercury, with Report of 65 Cases Treated at Bellevue Hospital.

By Winfield Ayres, M. D.

[Abstracted from the Author's Original Paper in the *Philadelphia Medical Journal*, Nov. 10, 1900.]

The writer states that when his attention was called to Mercurol as an antiseptic of special value in the treatment of gonorrhoea, it occurred to him that it would be a first-class preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first one-eighth of a grain was given three times daily, and this dose was gradually increased until it was found that three grains was the average quantity required to control the malady. The highest amount given was seven grains and the lowest amount that exerted a controlling influence upon the disease was one-half grain. In starting a patient on a course of Mercurol the author advises beginning with half grain or grain doses. Salivation has been produced by two grains, and yet as much as six grains has been taken with no disagreeable symptoms.

The objections to the use of unguentum hydrargyri as a remedy in secondary syphilis are referred to; and while the popularity of mercuric protiodide is conceded, the irregularity of its action and its tendency to cause gastric and intestinal disturbances are not overlooked. In the writer's experience 33 per cent. of his cases were not benefited by this drug.

Mercurol is a nucleid of mercury, and was discovered by Karl Schwickerath of Bonn, Germany. Kopp, Director of the Royal Polyclinic for Genito-urinary Di-

seases at the University of Munich, uses Mercurol in smaller doses, which leads the writer to remark "he will find as I have done, that it is desirable to use a much larger dosage." Mercurol should not be given in solution with potassium iodide.

In all, 65 cases received Mercurol, at the Bellevue clinic, 60 of which had not had previous treatment. Of these, 13 did not return after the first or second visit; 14 did not remain long enough under treatment to give the preparation a fair trial; and 13 may be described as new patients. Deducting these 40 cases, there remain 25 cases that have been sufficiently long and regular in their attendance to supply data from which definite conclusions may be deducted. The detailed histories of these 25 cases are included in the paper. In summarizing the author remarks that while two months' treatment of syphilis is insufficient to determine absolutely the value of any remedy, the marked improvement shown by many of his cases makes it certain that Mercurol is of great value. Its superiority to mercuric chloride in controlling the symptoms of syphilis is proved Like all internal remedies it has very little effect upon the initial lesion; still it has hastened the healing slightly. None of the cases required treatment with potassium iodide to control secondary manifestations.

To recapitulate, (1) Mercurol causes less disturbance of the gastro-intestinal tract than any other preparation of mercury used internally. (2) It controls skin eruptions and pains much better than any other preparation, while it controls mucous eruptions as well as any other, and has equally as good an effect upon the chancre. (3) It is an advantage that it can be taken in pill form.

New York City.

DEPARTMENT OF

## SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

A thin and tense os uteri readily relaxes when put under the influence of Gelsemium. Add fifteen drops of the specific medicine to five teaspoonfuls of water, and direct one teaspoonful of the mixture to be taken every five minutes.

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When there is a dull and heavy headache, oppressed pulse, full and purple colored lips and mucous membranes of the mouth, with a moist, pasty coating on the tongue and offensive breath, Baptisia is the remedy called for. Add ten drops of the specific medicine (or a good fluid extract) to four ounces of water, and administer one teaspoonful every hour or two.

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Dr. Woodward says that carbonate of ammonium is an efficient remedy in habitual epistaxis. He gives two grains every ten minutes until it stops the bleeding, and then continues the drug in the same dose from three to six times a day to prevent a return of the unpleasant condition. The doctor has used the remedy for many years with uniform success.

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In oedematous conditions of the throat Apis is a superior remedy. Dr. Felter reports a case in which the pillars of the fauces appeared like two pear-shaped sacks of water, and which under the influence of this medicament were completely reduced in twenty-four hours. Several similar cases in my own practice have also promptly yielded to the curative effects of this drug. ℞. Apis Mel., drops x to xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

It is frequently said that it is better to know a few drugs well than to have but an imperfect knowledge of many remedies. True; but how much better must it be to know many drugs well. Some physicians, with a dignified air, state that their entire practice is done with a very few drugs, and stories are told of men who gradually lay aside one remedy after another until they get down to a sedative, opium and a cathartic. Such men fail to comprehend the exalted duties of a physician, and should seek some less responsible position. Young doctors, careful and thoughtful study of your materia medica will soon enable you to know many drugs well. Your other attainments will count for but little if your therapeutics are not kept well in hand.

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We do not deny that the "tissue remedies" are medicines. Of course they are medicines, and some of them very effective ones. They are medicines, however, by virtue of their hetero—not homogenerty.—Dr. W. C. Cooper, in Eclectic Med. Gleaner.

Truly, there can be no doubt of these so-called "tissue remedies" being medicines, and very efficient ones, too, when prescribed in accordance with well defined specific indications. They are not "cure alls"—far from it—but my personal experience with some of them has fully convinced me that they are capable of relieving or curing many abnormal conditions. The "how" of their curative action may not be clear to all, but as the subject is being ably discussed by Dr. Cooper and other eminent writers, it may yet become plainly apparent. Let the discussion go on, gentlemen. It can do no harm, and it constitutes a source of some very entertaining articles. Don't let us forget, however, that it is possible for one to employ potassium chloride without becoming a believer in the rot and moonshine included in "Schursslerism." There are a number of very clearly defined indications for Kali Muriaticum.

## CALCII FLUORIDUM—CALCAREA FLUORICA.

*Common Names.*—Calcium Fluoride, Fluoride of Lime.

*Description.* — Calcium fluoride occurs in nature in mineral fluorspar, and is beautifully crystalline. It is insoluble in water, but is decomposed by sulphuric acid. The medicinal preparation here referred to is obtained from selected pieces of crystal fluorspar, and prepared by trituration.

*Usual Prescription.* — ℞ Calcarea Fluorica, 3x, gr. xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.*—Indurated glands of extreme hardness; malnutrition of bones, especially of the teeth; dilatation of blood vessels; blood-tumors and piles; varicose and enlarged veins; hard lumps in the mammary glands; ulcers of the scalp, with callous hard edges; tumors of the eyelids; osseous growths; vascular tumors, with dilated blood vessels; varicose ulcerations of the veins; gouty enlargements of the joints of the fingers; chronic synovitis; cystic tumors caused by strain of the elastic fibres; whitlow or belons; suppuration of bones; exudation from surface of bones which quickly hardens.

Calcium fluoride, as shown by the above indications, is usually of service in all diseases having their seat in the substance forming the surface of bone, enamel of teeth, and part of all elastic fibres, whether of the skin, the connective tissues, or the walls of the blood vessels.

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## CALCII PHOSPHAS PRECIPITATA—CALCAREA PHOSPHORICA.

*Common Names* — Phosphate of Lime, Phosphate of Calcium.

*Description.*—The phosphate of Calcium is found native in certain localities, and is very abundantly deposited in the outer layers of wheat. It may be obtained as a white powder by a process in which calcium chloride, ammonia water and sodium phosphate are used; and also a

process in which bone-ash, muriatic acid and ammonia water are employed. It is almost insoluble in water, but the trituration may be dispensed in water.

*Usual Prescription.* — ℞ Calcarea Phosphorica, 3x, gr. xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.*—Tardy formation of callus around the ends of fractured bones; unnatural growth and defective nutrition of bone, especially in rickets and similar diseased conditions; anaema of young rapidly growing people; diseases characterized by exhaustive discharges, such as chronic bronchitis, tubercular diarrhoea and night sweats; abscesses and scrofulous sores; slow development of teeth; marasmus; chronic synovitis; eczema, with yellowish-white scabs or vesicles in anaemic scrofulous or gouty constitutions; ulcers on cornea; chronic enlargement of the tonsils; heartburn and flatulency; catarrh in scrofulous or gouty constituaions; complexion dirty-white or brownish.

The Phosphate of Calcium is especially indicated in all bone diseases depending on a diseased quality of the blood, and in the unnatural growth and defective nutrition of bone and other textures found in rickets and similar diseased conditions it is an efficient remedy.

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## CALCII SULPHAS—CALCAREA SULPHURICA.

*Common Names.* — Sulphate of Calcium, Plaster of Paris.

*Description.*— The sulphate of calcium occurs native as gypsum, and in other forms. At a high temperature gypsum loses its water of crystallization and forms a white powder known as plaster of Paris. The sulphate of calcium is also obtained by a process in which calcium chloride and dilute sulphuric acid are employed. It is slightly soluble in water.

*Usual Prescription.*— ℞ Calcarea Sulphurica, 3x, gr. xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.*— Scaldhead, accompanied by purulent discharge or yellow purulent crusts; deep-seated ulcers of the cornea; cold in the head, with thick, yellowish, purulent secretion; tongue flabby and resembling a layer of dried clay, with a yellow coating at base; suppurating sore throat; pus-like slimy discharge from the bowels; purulent sputa; hectic fever caused by formation of pus; purulent exudations in or upon the skin; purulent sores and suppurations.

In the doses recommended in the "usual prescription," the sulphate of calcium is an agent of considerable curative power in all conditions characterized by purulent discharges from mucous membranes, purulent exudations in serous sacs, or tubercular ulcers and abscesses of the intestines. In abscesses it will shorten the suppurating process and markedly limit the discharge of pus.

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## FERRI PHOSPHAS—FERRUM PHOSPHORICUM.

*Common Name.* — Phosphate of Iron.

*Description.*—The phosphate of iron is made by a process in which sodium phosphate and sulphate of iron are employed. The resulting powder is bluish-gray in color, odorless, tasteless and insoluble in water or alcohol, but soluble in acids. The preparation here referred to is the pure phosphate of iron prepared by trituration with sugar of milk, and may be dispensed in water.

*Usual Prescription.*— ℞ Ferri Phos., 3x, gr. xx, water, ℥iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.*—Fever at the commencement of any disease, when the pulse is not full and bounding; capillary congestion with a burning sensation of the skin; inflammation of the eyes with sharp pain; feeble, compressible and quick pulse, indicating debility, especially in children; congested nasal mucous membrane; unnatural

redness of mucous membranes of the mouth; inflammation of the fauces, characterized by redness and pain without exudation; red and inflamed tonsils and swollen glands; excessive congestion of the uterus at the monthly periods; bearing-down sensation with constant dull, ovarian pains; pains in the back, loins and over the kidneys; debility of children when there are no organic lesions; convulsions with fever in teething children; febrile stage of inflammatory affections of the respiratory tract; hyperaemia of the brain, producing delirium; dull heavy pain on top of head; first stage of cold in the head; incontinence of urine from weakness of the sphincter, especially in children; diarrhorea caused by chill.

In febrile disturbances and inflammations, especially before exudation commences, this is a useful agent, and in many inflammatory and eruptive fevers in the young and sensative it occupies a place between aconite and veratrum. In debilatated conditions of children, when the appetite is failing, and there is dullness, listlessness and loss of weight, this medicament should not be neglected. It is also curative in the headaches of children, when there is a throbbing sensation in the head, red face and suffused eyes. In laryngitis, trachitis, bronchitis, pneumonia, pleurisy and pleuro-pneumonia, it is frequently indicated, and especially in bronchitis of children.

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## POTASSII CHLORIDUM—KALI MURIATICUM.

*Common Names.*— Chloride of Potash, Chloride of Potassium.

*Description.*— Chloride of potassium occurs in nature, and may be prepared by a process in which pure aqueous hydrochloric acid and pure potassium carbonate are used. Its crystals are colorless, and are freely soluble in water, but insoluble in strong alcohol. The preparation here referred to is the pure chloride of potassium prepared by trituration with sugar of milk.

*Usual Prescription.*— ℞ Kali Mur., 3x, gr xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.*—White or gray coating at the base of the tongue; white or gray exudations; glandular swellings; discharges or expectorations of a white, thick, fibrimous slime from any mucous surface; grayish patches or spots in throat or on tonsils; jaundice, especially when there is pain in the stomach or intestines; pale yellow evacuations and yellow urine, with abdominal tenderness and swelling; diarrhoea when the stools are pale yellow or clay colored; inflammation of the bladder when there is a discharge of thick white mucus; rheumatic fever, with exudation and swelling around the joints; abscesses, boils and carbuncles; plastic exudations and adhesions; hard, harsh and hacking coughs; short and spasmodic cough; wheezing rales, or rattling sounds in the air passages, caused by thick, tenacious mucus in the bronchi.

Bronchitis, pneumonia and pleurisy are among the diseases likely to present indications for this remedy. The most prominent symptoms calling for its exhibition are a white or gray coating at the base of the tongue, yellowing discoloration of the skin, white or gray exudations and discharges or expectorations of a thick white or grayish substance from any mucous surface. In catarrhal conditions it is a very efficient remedy.

Potossium *Chloride* must not be confounded with Potassium *Chlorate*.

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## EYE AND EAR TROUBLES.

In acute troubles of the ear, such as earache, and acute inflammtory action of the nose or throat, including the tonsils, specific aconite should always be employed unless there is marked contra-indication for its use. In earache, specific gelsemium, in doses of one-half to one drop, as a rule will be indicated, and will hasten relief from pain. In acute rhinitis, with a thin watery discharge, the discharge not acrid or ex-

coriating, distillate hamamelis should be combined with aconite, adding from one to two drachms to four ounces of water, and giving a teaspoonful every hour. If the discharge is acrid or excoriating, liquor potassii arsenitis in half drop doses, should be combined with the aconite. If the discharge is moderately thick and profuse, specific hydrastis, in doses of one to two drops, or Lloyd's hydrastis, in doses of two to four drops, should be used. If the discharge is tough and tenacious, potassii bichromas, in 1-100 grain doses every three hours.

In acute pharyngitis, when the tissues feel bruised, specific cimicifuga, in doses of one-half to one drop, every one to three hours. If the pain is increased by swallowing, and papillae of the tongue are prominent, specific rhus tox, in doses of one-tenth to one-sixth drop; with oedema of the tissues of the throat, especially the velum and uvula, specific apis, in doses of one-sixth drop, or specific apocynum, in doses of one-half drop every two or three hours. These two drugs may be combined and given in alternation with the aconite. If the tonsils are inflamed and sore, specific phytolacca, in doses one to two drops every one to two hours, should be combined with aconite. If the difficulty in swallowing is extreme, this preparation had better be used by means of an atomizer.

In pharyngeal trouble, when on swallowing there is a pain extending from the throat to the ear, specific bryonia, in doses of gtt. one-third to one-half every one or two hours is indicated. When laryngeal complications are present, as shown by hoarseness of the voice, specific collinsonia, in doses of from three to five drops. If there is a tough, tenacious secretion, which it is difficult to expectorate, the potassii bichromas will be found not only to relieve this condition, but also laryngeal horseness, which is a frequent accompaniment with this form of secretion.—Dr. R. O. Foltz, in Eclectic Medical Journal.

## PRESIDENT'S NOTICE.

Chatham, Feb. 27th, 1901.

Dear Doctor:

Following the custom of former presidents I send to you, as a member of our State Society, this notice of the meeting, which will be held April 3rd and 4th, 1901, at Fishkill Landing.

I have appointed as a committee of arrangements Drs. Tiel, Boskowitz, Krausi, Thompson and Rawle. They will, I am sure, arrange a pleasant program for your entertainment.

Our State Society has been doing efficient work, and we can justly feel proud of its record and it is my earnest hope that you will not relax but keep up the interest and progress we have been making by attending this meeting and reading an essay or reporting a case.

I hope every member will consider that he has been personally invited to read a paper, and will send the title of it to our secretary, Dr. S. A. Hardy, No. 239 East 32nd street, before the 15th of March so that it may be announced in the official program. Sincerely Yours,

F. C. MAXON, M. D.,
President.

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## BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, Feb. 19, 1901.

The Society met at the Hotel Thorndike, and after partaking of the usual dinner, was called to order by the Vice President A. Waldo Forbush, M. D. The records of the December and January meetings were read and approved.

The following officers were elected for the ensuing year:

President, Lydia Ross, M. D., Watertown.

Vice-President, A. Waldo Forbush, M. D., Somerville.

Secretary, Pitts Edwin Howes, M. D., Dorchester Dist., Boston.

Treasurer, John Perrins, M. D., Boston.

Dr. W. A. Earle of Boston was elected as a member of the society.

The following very interesting case was

reported by Dr. Earle, the patient being his own child.

Ten days after birth the little boy had a severe case of meningitis from which he recovered. A week after the recovery symptoms of hydrocephalus began to manifest themselves and the head, not withstanding all treatment, gradually increased in size until at the age of three months the measurement of the child's head from front to back and side to side, exceeded my own by one inch. About this time I read Schussler's Bio-Chemic Therapy and noticed that he recommended calcium phos. 3x. for the hydrocephalic condition. I began its administration, giving 1 gr. three or four times a day. The head stopped increasing and the hydrocephalus was gradually absorbed, although the head was somewhat larger than is usual in a child; when seven years of age he wore a 7 1-2 hat. There were no sequaelle following except that which affected the eye sight. He was six months old before I could determine that he could see any thing. At that age he would notice some what the waving of a light before his eyes, from that time on his sight kept improving. He was 3 1-2 years old before he could get on his feet and even then his head seemed too heavy for him to hold up and he would rest it on the arm of a chair. He began to move around by walking on his toes; after a while he got so that he could walk on one foot and the other toes. By constantly reminding him he would walk on both feet, but if he became the least excited he would commence to walk on the toes of one foot. He had several slight attacks of meningitis. The calcium phos. was constantly administered.

He did not lose his first tooth until he was seven years of age and at that time he was 4 feet tall and weighed 71 pounds. All of this I attributed to the beneficial effects of the calcium phos. His mental development was exceedingly precocious. At this time I practised in the country and had a Pole for my coachman, a Swede in the kitchen, and a large number of French people used to come to my office. The little fellow could talk equally well with them all in their own language. If a story was read to him and the same reread a few weeks later he would always notice and correct the leaving out or the changing of a single word.

One morning when he was about 7 1-2 years old he woke bright as usual but complained of nausea, and soon was in convulsions. He came out of the first but within two minutes went into another and died.

The doctor said that he reported the case to show the wonderful curative effect of the calcium phos. He also spoke briefly of two cases of spina bifida where he had used it with marked success.

PITTS EDWIN HOWES,
Secretary.

Note—Can any reader of the "Review" add to the testimony in favor of calcium phos. in these hydrocephalic conditions?

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## NEW YORK SPECIFIC MEDICATION CLUB.

The joint meeting of the N. Y. County Eclectic Medical Society, the King's County Eclectic Medical Society, and the N. Y. Specific Medical Club held under the auspices of the club February 14th, 1901 at 239 East 14th street was a great success. Prof. D. N. Bulson, M. D., delivered a masterly oration on Specific Medication and Dr. J. P. Nolan reported a very interesting case of fracture of the skull.

There was a goodly number present.

H. J. BIRKENHAUER,
Secretary.

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## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the Society was held in the assembly rooms at 239 E. 14th street, on Thursday evening, February 21st, Dr. F. L. Morhard, vice-president, in the chair and Dr. H. J. Doll, recording.

The prominent feature of the meeting was the presentation of a case of Acro-

megaly by Dr. Boskowitz. The members present vied with each other in making minute physical diagnoses, owing, no doubt, to the fact that the disease is very rare, and to fix in their minds a clear and typical picture of the symptoms.

A vote of thanks was extended the doctor for this special treat.

An interesting case of leukaemia was also presented by Dr. Charles Graf .

A resolution, presented by Dr. Boskowitz, endorsing the Bell Bill now before the legislature was unanimously adopted.

About twenty-five members were in attendance.

H. J. DOLL ,M. D.,
Secretary.

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## GEORGIA ECLECTIC MEDICAL ASSOCIATION.

The 27th annual meeting of the Georgia Eclectic Medical Association will be held in the city of Atlanta April 1st and 2nd, 1901. The secretary desires the address of every Eclectic Physician in the South especially the graduates of the Georgia college of Eclectic Medicine and Surgery.

J. R. Duvall, Treas.
W. M. Durham, Sec'y.
W. C. Fisher, Pres.

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## TREATMENT OF GASTRIC ULCER.

The mortality of gastric ulcer has been lessened by appropriate treatment from about fifty per cent., as estimated by Bimton, down to about ten per cent. at the present time. B. Reed (Internat. Med. Mag., May, 1900) suggests that in every case showing marked hydrochloric-acid excess, the danger of ulcer should be appreciated and the condition treated and subsequently guarded against. The indications to be met in the cure of the disease are (1) to put the stomach at complete rest; (2) to reduce the hyperchlorhydria; (3) to allay the pain and vomiting; (4) to preclude or arrest hemorrhage. The patient should be kept in bed for three weeks at least and for one week fed exclusively per rectum. Hot poultices or compresses may also be used over the epigastrium. A clyster of salt and water should be used as a cleansing agent before the nutrient enemas are administered. These may be given two to four times a day, and need not consist of predigested food, the following being very efficacious at times; good fresh milk, freshlyexpressed beef-juice, raw eggs, solutions of sugar and also of very thoroughly cooked starch. A pint of salt should be added to each enema. Ewald recommends two to three eggs beaten up with a tablespoonful of cold water, then a tablespoonful of prepared cereal, dextrinized by heat, is boiled with a half tumblerful of twenty-per-cent. solution of grape sugar and a wine glassful of claret added. When luke warm stir in the eggs and add fifteen grains of salt. When the contents of the bowels become acid beef tea should be given instead of milk and the sugar. Feeding by mouth should be begun with milk and lime-water, equal parts, giving at first a tablespoonful every half-hour and then increasing the quantity and the length of intervals. Barley water, lightly boiled or poached eggs, slightly salted, and calf's food jelly may be slowly added to the regimen. Vomiting may be relieved by pellets of ice and extreme thirst should be allayed by frequent sippings of cool water. Persistent pain and burning is usually due to excess of hydrochloric acid and is relieved by half-to-one-dram doses of sodium bicorbonate. In stubborn cases forty to sixty grains of bismuth subnitrate in a draught of water may be given one hour before each feeding. When constipation results it is best relieved by enemas of olive oil. Hematemesis seldom occurs when on such treatment, but when it does appear the patient is immediately put to bed, an ice-bag applied to the epigastrium, and ice given by mouth. Ewald records having checked hemorrhage by washing the stomach out with ice-water, but this is very dangerous. Large doses of bismuth in lime-water, with one drop of carbolic acid and flavored with spirits of chloroform and compound tincture of cardamon, are often very valuable.—News.

## NATURAL SULPHUR WATER IN GALL-STONES.

A. Winckler (Therap. Monatshift., May, 1900), speaks very highly of the power possessed by sulphur water to increase and dilute the bile and thinks that in this respect they greatly excel the alkaline springs. The patients may drink the water at home or, preferably, should spend a few weeks at some watering place where strong sulphur springs exist. The cure should be continued for some time after the explusion of the stones. The author also draws attention to the excessive ingestion of eggs as a possible etiological factor in causing gall-stones, since the yolk contains as much as one-half per cent. of cholesterin. Bread, also, should be used with moderation.—News.

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"Extracts from letter of appeal from N. W. C. T. U. to the physicians of the United States."

The National Woman's Christian Temperance Union has been active for twenty-seven years in combating the evils of alcoholic liquor drinking. Among its most effective allies have been those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

We are endeavoring to bring the teachings of such physicians to the people and we believe that much good is being accomplished thereby. It is apparent, however, that if the evils of liquor drinking (ill-health, poverty, insanity and crime) are ever to be fully abated, the medical profession must take a more active part in this much desired reform. They, more than others, can disabuse the public mind of old-time errors concerning the use of or necessity for alcohol, either as a beverage or for medicinal purposes. It would seem to be the duty of those to whom the public looks for guidance in all things pertaining to health, to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system and to see to it that their medical practice and teaching, as well as their personal example, is upon the side of safety.

An eminent Russian physician, in a paper read before the International Medical Congress, held at Moscow, August, 1897, said: "The struggle against alcoholism merits as much attention on the part of the medical profession as that against the various epidemics, and the success of the struggle is impossible without the active sympathies of the medical profession."

Particularly would we ask physicians to warn parents against the home prescription of alcohol and against the use of proprietary medicines containing alcohol or other narcotic drugs, by showing them the danger and by teaching them a better way.

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## REMOVAL OF POWDER STAINS.

Powder stains are frequently a source of annoyance from a cosmetic point of view. The methods hitherto in vogue for their removal have been more or less imperfect. The latest is, however, quite successful in its action and is very easily applied. The following solution is painted on the stains:

℞. Ammonium biniodide,

Aqua dest.....aaʒj

This will turn the stains to a reddish color. To get rid of the red discoloration it is only necessary to paint the affected parts with dilute hydrochloric acid.—Summary.

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## UREA AND UREMIA.

From a consideration of the subject, Coile concludes: 1. That acute uremia occasionally occurs without suppression of urine or obstruction to its flow, and in the absence of structural change of the kidney. 2. That acute uremia may occur while the amount of urea excreted is far above the normal. 3. That in such cases the increased amount of urea in the blood is from rapid tissue disintegration, until the blood is badly poisoned, and then is probably increased by nitrogenous food eaten, which cannot be assimilated, and

which disintegrates in the blood. 4. That in the treatment of acute uremia active diaphoresis is of little value, as so small an amount of urea is obtained that it is practically unappreciable, and the blood is thus deprived of its water and salt, which is not only unharmful, but of great value.—Ex.

## FOR SORE NIPPLES.

The nipple should be cleaned with a little water, to which has been added a small amount of borax, then apply the following:

℞. Balsam Peru,
Tr. arnica.....aa ℥ ss
Ol. amygdal. dulcis,
Aqua calcis.....aa ℥ ss
M. Sig.—Shake well and apply to nipple with camel's hair brush.—Summary

## TYPHOID FEVER.

The physiologic treatment of typhoid fever is summarized by Dabney as follows: 1. Clean intestines by mild cathartic. 2. Stimulate the vasomotors by the regular application of cold water with constant friction. 3. Colonic flushings. 4. Abundance of cool water to drink. 5. Clean sheets, clean gown daily. 6. Sunlight and air in abundance. 7. Spare and readily assimilable diet at long intervals. 8. Eternal vigilance for complications. 9. Careful study of pulse and temperature. 10. Never give any remedy that increases vasomotor paresis; the coal-tar series in particular are to be avoided. 11. Avoid the use of all stimulants as a routine practice. I refer especially to alcohol, strychnin, nitroglycerin, and ammonia. There are times when we may need stimulants badly, but the average cases, if properly treated, seldom need them. The use of digitalis, though indorsed by many good men, I deem unphysiologic, and at times positively dangerous in this disease.—Virginia Medical Semi-Monthly.

## FIBROID UTERUS.

Dr. H. J. Garrigues presented a fibroid uterus removed from a woman, fifty-eight years of age. She complained of severe hemorrhages and backache, associated with prolapse. The abdominal walls were so fat that it was impossible to feel the body of the uterus. After etherization, he found a large uterus with a tumor on either side. On opening the posterior vault of the vagina, he discovered a number of fibroids. It was necessary to remove nine fibroids before the uterus was small enough to be removed through the vaginal incision. All of the fibromata were held together only by loose connective tissue. The patient did well for some days after the operation, and then developed a pneumonia, from which she died. She had previously been a sufferer from chronic bronchitis, which probably explained the occurrence of the pneumonia. The post-mortem examination showed no evidence of inflammation about the field of operation.—Record.

## DERMATITIS MALIGNA.

In beginning Paget's disease of the nipple, partial removal of the breast is not considered safe. When complete operation is refused, I should not hesitate to destroy the area widely and deeply with the Paquelin's cautery. Removal of the entire mamma is, however, probably safer, though cases with good results from the more limited operation are not unknown.—A. Marmaduke Sheild.—Record.

## SELECTION OF CHLOROFORM AS AN ANAESTHETIC.

Dr. Miron I. Marsh is credited with the following statements: Chloroform is generally to be given preference as follows: (1) Organic diseases of the nervous system. (2) Atheroma occurring in those advanced in years. (3) Chronic or acute inflammatory affections of the respiratory tract, as severe bronchitis, asthma, emphysema, or advanced tuberculosis. (4) Protracted operations about the nose, mouth, or pharynx, which necessitate the nose and mouth being uncovered (5) Night operations with artificial light, unless the light be placed much higher than the ether, its

vapor being heavier than air. (6) When the galvanic cautery is to be used in the neighborhood of air passages. (7) When ether has failed or cannot be procured, or when there is a distinct record of deleterious effects during a previous etherization. (8) Renal diseases, both acute and chronic. (9) Chronic alcoholism. (10) Old age, young children. (11) During labor. (12) Puerperal eclampsia when an immediate effect is required.—Cincinnati Lancet-Clinic.

## TO PREVENT LOOSENING OF TEETH.

When it is desired to counteract a tendency to this condition, the following mouth wash is recommended:

℞. Tannic acid .....ʒ ij
Tr. iodine.....ʒ j
Potass. iodid..... gr.xv
Tr. myrrh.....drops xx
Aqua rosae.....ʒ vj
M. Sig.—A teaspoonful in water to rinse the mouth every two hours.—Practitioner.—Summary.

## INDICATIONS FOR IRRIGATION OF THE STOMACH.

Martius states as follows the indications for lavage of the stomach: (1) Acute poisoning; the introduction of the water dilutes the poison and renders it less harmful, and it can be withdrawn with the fluid. (2) Stagnation in the stomach from stenosis of the pylorus, whether due to a benign or malignant growth. (3) All cases of occlusion of the intestines from whatever cause. Irrigation always relieves and may possibly cure without further treatment. Guerin commends it in the current Archives de Bordeaux for its action in arresting the painful vomiting of faecal liquids ,while it allows medicines to produce their proper effect. It is also generally indicated in carcinoma ventriculi, acute and chronic catarrh, and all functional diseases of the stomach. Also in tympanites such as occurs in severe abdominal typhus and in nervous dyspepsia and spasm of the oesophagus. Others have found it very beneficial in infantile gastric and bowel troubles, acute and chronic. Some consider it ineffective in neurasthenia gastrica, but it often produces a cure in nervous dyspepsia when the patient can be made to see for herself that her stomach is digesting normally. Minkowki has found it very valuable in arresting hemorrhages. He suggests that the time of using it is very important; if the patient is allowed to eat again soon, the benefits are often lost. He advises it the last thing at night. Quincke also uses the irrigator for removing the liquid.—Memorabilien.—Record.

## SULPHONAL POISONING.

According to Dietrich (Therap. Monats.), sulphonal is by no means so free from toxic action as is generally supposed. At least thirty cases of death from the use of the drug have been recorded in medical literature, he says. The dose which produces these harmful effects appears to be very variable. Oestreicher quotes a case in which a patient took one thousand five hundred grams of sulphonal in six years without any ill effects. On the other hand, Schulz reports a case which ended fatally, in which only sixteen grams were given in the month, and Helweg another fatal case resulting from the administration of ninety grams in three months. Numerous similar cases have been recorded. In the majority of these, the patients were in a weakened condition, anemic, with much impaired digestion, so that the sulphonal, which, in healthy individuals is dissociated and reabsorbed with difficulty, in these cases acquired a cumulative action which terminated disastrously. The symptoms of poisoning are intestinal pain, nausea and constipation. The urine is colored a deep cherry red. This coloration is often the first indication of the commencement of the toxic action.—Druggists' Circular.—Brief.

## BILIARY COLIC.

By Nathan Nutting, M. D.

I am indebted to Dr. R. M. Andrew, 1730 Washington avenue, N. Y. City, for

the following valuable prescription, which will invariably and quickly relieve the agonizing pain of gall stones.

Put one teaspoonful of ether in half a glass of water, and give two teaspoonfuls of the mixture every five minutes until relieved. I have proven it.—Brief.

Mt. Vernon, N. Y.

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## BELLADONNA IN METRITIS.

The symptoms calling for belladonna in inflammation of the uterus are distended abdomen, with pains of a lancinating digging character, or as if the intestines were clasped by some sharp claws; painful pressure, as if everything would protrude through the vulva; abdomen very sensitive to contact; face red, with heat about the head and eyes; pressive headache, throbbing carotids; pains in small of back as if it were broken; lochia suppressed or if there is a discharge it is free and offensive. —Med. Visitor.—Brief.

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## ABDOMINAL CRAMPS.

Copper arsenite is a drug that is being neglected of late. Its value is too great to permit such a thing. It is as good as morphine in colic and dysentery. A picture from memory presents itself now: A rough fellow came to us one morning complaining of colic, and we gave him five or six granules of copper arsenite, grain one five-hundredth, with directions to take one hourly until easy. He went across the street and laid down on a platform in the shade. At the end of the first hour we had opportunity to ask him how he was getting along, and his reply was: "All right; I feel no pain." It is good in cholera infantum, also good results have been had in spasmodic dysmenorrhea from it.—Med. Summary.

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## DRESSINGS.

A dry dressing is superior to a wet one in incised wounds. In contused and lacerated wounds, a wet dressing should be employed for a week or two, followed by a dry one. In carbuncles, boils, and infected wounds, a wet dressing is indicated. When pus has burrowed and sinuses exist, packing and a dry dressing is preferable. In deep punctured wounds, with a small orifice, a wet dressing is best. In all wounds of the scalp, whether infected or not, we should use a dry dressing.—Philadelphia Medical Journal.—Brief.

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## CHAMOMILLA.

Teething children are cross and irritable, want to be carried, want things, and, when they get them, throw them away; one cheek red, and twitching of muscles during sleep; head sweats; in diarrhea with colic, when stools are green and of foul odor—bad odor—and child is teething. They are always over-sensitive, and their extreme irritability is vexing and exasperating to the attendants. These over-sensitive and irritable conditions apply to adults as well, who have some derangement of the chylopoietic system, though I prefer using the nux in these cases.—Cin. Ec. Med. Jour.

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## THEY CAUSE COLOR BLINDNESS.

### Habitual Cigarette Smokers Are Barred From Positions in Important Railroad Service.

BOSTON, Mass., Saturday.—Habitual cigarette smokers are barred from positions in the operating department of the New York, New Haven & Hartford railroad, according to H. A. Ives, who has charge of making the examinations. Mr. Ives says:

"In signals the green stands for safety and the red for danger, and confusion of these colors has caused many accidents. This test is also a sure indication of whether a man is a cigarette smoker or not.

"If an applicant is an habitual cigarette smoker he is almost sure to be more or less color blind. The constant use of tobacco also injures a man's color sense, but failure on this account is found only in elderly

men. The excessive use of liquor is also indicated in this way, although other tests usually stop a hard drinker applying for a position before he gets to this examination."—Sun.

## WANT OF TONE.

A tendency to perspire on the slightest exertion is not unfrequently coincident with habitual chilliness, and both are indicative of want of tone.—Record.

## BISMARCK'S BRAIN.

The Medicinisch-Chirugisches Centralblatt says that an anthropologist named Ammon states that Bismarck's brain was probably the heaviest on record. He judges from measurements of Schafer's bust of the great chancellor that his brain must have weighed 1,867 gm. (over 58 ounces); Cuvier's brain weighed 1,830 gm.; Byron's, 1,807; Kant's, 1,650; Schiller's 1,630; and Dante's, 1,420. The average for a well-built European man is given as 1,380 gm.—Record.

Prof. Kaufmann, of Breslau, in conferring the degree of Doctor of Philosophy on Fraulein Immerwahr, the first woman who has ever passed the examination at that University, said that he earnestly hoped study among women would "continue to be the exception with the few capable individuals," inasmuch as it was desired that they should hold to their primary and noblest calling of wife and mother, "which," said the professor, "a man will never be able to exercise."

## BULLET IN THE HEART.

A French surgeon in 1875 presented to the Paris surgical faculty the heart of a woman who had been shot with a revolver. The bullet measured three lines (one-fourth of an inch) in diameter. One of them had passed through the right lung, had penetrated the heart by the posterior wall of the left ventricle, and was found lodged in the latter. She lived eighteen days, and nothing during life led to the suspicion that such a lesion had taken place. Auscultation revealed nothing and the pulse was regular. The hole made by the ball could hardly be discerned.—Lancet, 1876. —Record.

## FOR INEBRIETY.

A wineglass of vinegar, it is said, will sober a much-intoxicated person in twenty minutes.—Record.

## LIGATURES AND SUTURES.

In applying ligatures, if the object is to occlude a vessel and prevent hemorrhage, or to strangulate tissues, as in some operations for piles, they should be tightly applied. Whenever they are used for sutures, however, all that we want is approximaton, and any degree of force which constricts or strangulates the tissues is harmful and misapplied.—Internat. Jour. Surgery.

## ITEMS.

Dr. W. D. Schafer of Oak Hill, N. Y., is doing a great deal of surgical work and having fine success.

Send to Dr. Frank Van Fleet of No. 63 East 79th Street, New York City for copy of "The History, Aim and Purpose of the Medical Societies of the States and Counties of New York." It is well worth reading.

Prof. Joseph McFarland of Philadelphia, the well known teacher and writer, has been engaged by Parke, Davis & Co., to assist Drs. McClintock and Houghton in their extensive Biological department.

The Western New York Eclectic Society extends an invitation to the members

of our State Society to meet in Buffalo and enjoy with them the beauties of the exposition.

Dr. Earl H. King has magnificently equipped quarters at 75 Caroline street, Saratoga, and is a very busy man.

Dr. V. C. Price, (one of the early graduates of the E. M. C. of New York) who has always been interested in our work has shown his good will by placing the Journal in the hands of a number of doctors. His substantial interest is deeply appreciated.

Dr. Carrie Brandenburg of 223 East 14th street is very active in fraternal work. At present she is District Deputy in the order of Foresters.

Dr. Huldah T. Gunn died February 22d.

The veteran Eclectic Dr. A. Fox is at present located at Watertown, Conn.

The commencement exercises of the Eclectic Medical College of the city of New York will be held at Carnegie Lyceum on the evening of May 7th.

Dr. J. K. McKinnon, formerly of New York, now of Chicago, has been invited to fill the chair of Genito-Urinary diseases in Bennett.

Dr. Baily-Brown-Valedictorian of the class of 1900 has located at Putnam and is having a full measure of success.

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## MATERIA MEDICA, THERUPEUTICS AND PHARMACOGNOSY.

Ellingwood Cloth $5.00. A Systematic Treatise on Materia Medica and Therapeutics with reference to the most direct action of drugs—by Finley Ellingwood, M. D., with a condensed consideration of Pharmacy and Pharmacognosy—by Prof. John Uri Lloyd, Ph. D.

We have spent many hours over this book, with no regrets, but with much pleasure and profit. It is a book that Eclectics generally can feel very proud of. Prof. Ellingwood covers the whole ground. The remedies of the Pioneers, Lobelia, Podophylin, Capsicum, etc., are fully discussed, as also the newer remedies, Echinacea, Graetagus, Passifloro, etc. His manner of presenting the various drugs leaves nothing wanting. The plant is described, its physiological action given, its specific symptomology, its therapy, and where known, its contra indications.

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## TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION OF THE UNITED STATES OF AMERICA.

For the year ending June 21, 1900, including the proceedings of the thirtieth annual meeting, held at Atlantic City, New Jersey, June, 1900, together with the reports, papers, and essays, furnished before the several sections in their sittings. Edited by Pitts Edwin Howes, M. D., Secretary—Vol. XXVIII.

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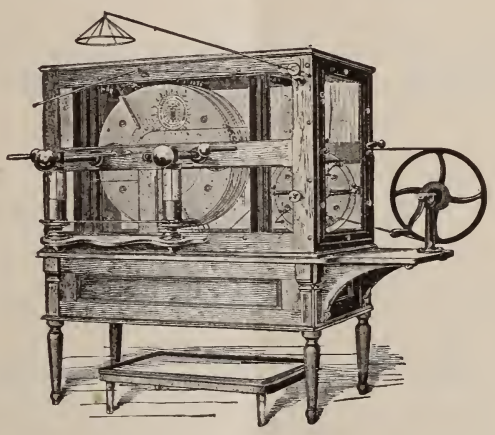

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EDITOR: G. W. BOSKOWITZ, M. D.

VOL. IV. NEW YORK, APRIL 15, 1901. No. 4

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SELECTIONS. ITEMS. BOOK REVIEWS.

## THE STATE MEETING.

Our state meeting on the third and fourth at Fishkill Landing was an extremely enjoyable and profitable affair. The attendance was good, the papers were of a high class, the visit to the Matteawan Asylum (for the criminal insane) was most interesting and the banquet well—that was just as stupid as banquets of the kind usually are. We could have spent the time to better purpose and not had to crowd so much into the last few hours, if the banquet had been omitted. The members who did not attend have much to regret, true they may read the report in the published transactions but they will be just one year behind. To keep up with the times you must attend the state meeting.

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## OUR BUSY DAY—MAY 7TH.

Tuesday, May 7th, will be a very busy day for the students, alumni and friends of the College. The board of censors will meet at 9. a. m. The Alumni Association at 1 p. m. These meetings will be in the College building, 239 East 14th street.

The commencement exercises at 8 p. m. in Carnegie Lyceum, 57th street and 7th avenue.

President Spooner will confer the degrees. Dean Boskowitz's report for the faculty and the address to the graduates will be by the Rev. Thomas Alexander Hyde. After these exercises the complimentary dinner to the graduates, which is annually tendered them by the Beachonian Society, will be served at the Hotel St. Denis.

We hope that these meetings may be all well attended.

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## LACERATIONS OF THE CERVIX UTERI.

Edward H. Muncie, M. D.

It has been aptly said, "Cultivate eyes in the tips of your fingers," for if the gynecologist would be successful he must be able to recognize pathological lesions with the tips of his fingers. Indeed, in many cases a correct diagnosis could not be made if the sense of touch was not developed to its fullest extent. For instance, an ocular examination of the cervix uteri may reveal no abnormal condition when a careful digital examiation will disclose serious trouble.

The object of this paper is to call attention to that condition of the cervix uteri which has been termed by Prof. E. H. Pratt "healed lacerations." These seldom recognized lacerations are often the starting point locally, of grave pathological changes, and remotely of serious neuroses and functional disturbance. Long continued functional disturbance will cause organic changes just as water dropping upon the rock will make its indellible impression.

For example, a heart whose functional activities has been disturbed for years, must sooner or later undergo organic changes. Since these facts are established, it is the duty of every physician to urge upon his patient prompt and skilled surgical attention, even to the slightest laceration of tissue or formation of cicatrix.

A patient once asked when told that she had a healed laceration, "Why! did the baby's heel cause the tare?" This lady and her family physician refused to have the necessary work done, and her nervous symptoms became intensified until she was insane. It is three years now since her commitment to the asylum, where her's is considered an incurable case. Had the proper means been used there would have been no question as to her recovery.

Lacerations of the cervix uteri may be divided into three classes: First, lacerations which have healed, or nearly so, and can be easily detected just preceding, during, or after menstruation. To the examining finger or uterine sound the cicatrix feels harder than the uterine tissues, and if extending to the ostium-externum, it pouches beyond the uterine tissue.

Second, the blind lacerations occuring between the fundus and the first segment of the cervix which is normal in appearance. These can be detected after thorough dilatation, when, if the finger be placed into the os it will slip into the gaping slit which may extend entirely through the muscular

wall, leaving the vaginal covering of the cervix at the base of the slit. If the tare extends above the internal os, and through the entire uterine wall, the base will be formed by tissues covering the uterus over the location of the tare. A large, hard cicatrix is sometimes found extending into the broad ligament.

These tares often start above the large gaping lacerations or may run parallel with them. They may extend to the fundus, so that the uterine sound will readily pass under the uterine peritoneal covering or between the folds of the broad ligament; or they may have healed, forming a hard cicatrix. In one case the uterine artery lay bare, the uterine muscular tissues being entirely torn away from it. The patient whose condition was bordering upon insanity, made a perfect recovery after the repair of this laceration.

When examining an extirpated uterus, it is not uncommon to find one or more of these lacerations. They usually begin at the internal os.

Third, that class of lacerations which are simple gaping tares of the vaginal portion of the cervix, and may be lateral, antero-posterior, or stellate. These are readily recognized, but are too often repaired by simply denuding their edges, removing a v-shaped cicatrix from the angle, bringing the denuded surfaces together, and securely suturing them. If the body of the uterus has also been lacerated or a cicatrix exists at the internal osteum, the patient will not be benefitted by this procedure. On the contrary the reflex condition will be greatly aggravated by the operation.

Considering the insidious and deceptive character of the second named lacerations, it is easy to account for the fact that trachelorrhaphy has fallen into disrepute among certain surgeons. Unsatisfactory results must ever follow these operations until surgeons are awakened not only to the existence of the healed and blind lacerations, but also to the importance of removing at the same sitting, every pathological condition from the lower orifices. The apparently insignificant points of irritation about the vulva and the rectum will receive due attention if the surgeon remembers the nerve supply to these parts.

The edges of the gaping lacerations often become eroded and cause local disturbances. Leucorrhoea and tenderness are the most common symptoms which call the attention of the patient and the physician to the part. This is not true of the healed or partially healed variety. In the latter, the patient has been congratulated upon passing through her confinement without injury to the cervix. A little later certain reflex symptoms appear which had never existed before the childbirth; and possibly after a few years, functional or organic diseases of remote organs, develop. The usual local results due to this condition are a pain in the right or left ovarian region with scanty and painful menstruation and a constant dragging pain in the sacral region. There will be found, frequently, a flabby and anemic condition of the vagina with the cervix eroded, cystic or anemic. The uterine body will be subinvoluted and sensitive, except in cases of long standing when it will present a hard, unyielding sensation to the examining finger.

At this stage local congestion is relieved by a series of treatment ranging from three to six months, when the patient is dismissed, the doctor feeling satisfied and the patient grateful; but after a few weeks, she recognizes a slight return of the old symptoms and submits to a second series of local treatment. After several years of this routine, it is decided to remove the offending ovary, for it will no longer respond to treatment. It is now bound by adhesions which have been caused by several slight attacks of pelvic celulitis. At this period some surgeons would suspend the fundus to the abdominal peritoneum, after loosening the adhension and removing or patching the offending ovary and perhaps narrow the vaginal outlet. All this is good surgery, but it would have been better surgery had the scar tissue at the internal os-uteri been discovered and removed when the

patient first applied for treatment, thereby re-establishing circulation to the pelvic organs, and relieving reflex neuroses. In such cases a few months of treatment after the operation is sometimes necessary to keep the uterus in its normal position. In less than seven months the patient is fully restored to health and each succeeding year she grows stronger, having no further need of surgical skill.

A recital of the following case illustrates this class of sufferers who are ever seeking but seldom finding permanent relief. Such cases are not cured by a ventral fixation or suspension even though performed by the most prominent surgeon of the day.

Mrs. E. presented herself during the early part of my surgical practice for advice and help. Her family and personal history were good. She was married at 24 years of age. Two years later she gave birth to her first child, having until that time been in perfect health. Her labor and lying-in period were uneventful.

At the time of the consultation referred to, she was 36 years of age having been in ill health since the birth of her child. During this time she had been treated by two of the first gynecologists of this city and was tired and discouraged as she expressed it, "With jumping over the fence and back again." For the past five years, about one-half of her time had been spent at a sanitarium in northern New York. So intense were her nervous symptoms that she was unable to direct the affairs of her little home for more than three months at a time. She suffered from neuralgic pains in the head, and from a sense of intense heat on the vertex which "almost drove her crazy." Her stomach and intestinal digestion were greatly impaired. Her bowels were always constipated and she was never free from a tired dragging feeling in the back and thighs. She had dysmenorrhoea with a scanty dark colored flow. The treatment she had undergone for the past seven years was as follows:

Her physician had treated the erosion of the cervix and the prolapsed ovary by various methods, after which she was much improved. At the end of three months he pronounced the local condition relieved. She was then advised to go to a health resort for three months' recuperation, with the parting admonition, "It is the only place for such nervous women." After a few weeks' sojourn in a sanitarium her general health was so much improved that she resumed her home duties feeling encouraged and hopeful. Her happiness was short-lived however, for in a few months the old trouble re-appeared and the same routine treatment was repeated.

Although the history of the case was conclusive as to the true cause of the trouble, a careful examination of the pelvic organs was made. The ocular examination revealed a cervix absolutely normal, except for a slight congestion and erosion around the ostium-externum. By the use of the finger and uterine sound, the existence of a hard, large cicatrix was discovered on both sides of the uterine canal. The left ovary was prolapsed, congested and sensitive.

It was explained to the patient that she had been lacerated at child-birth, and that repair must be accomplished before she could recover her health. She left the office and returned a month later. Her husband had desired the advice of other physicians, and each physician in turn made the statement to her, "You need no operation, and any surgeon who says that you do, is after your money." Among the consultants were her former physicians.

However, in spite of all the advice to the contrary, she decided to have the operation which was performed a week later, and in less than three months she was relieved of all nervous symptoms.

Brooklyn, N. Y.

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## SHOULD CONSISTENCY AND HONESTY BE IGNORED IN THE STUDY AND PRACTICE OF MEDICINE?—LOBELIA.

By G. W. King, M. D.

The above question has been prompted by noticing the continued statements about

lobelia inflata being a dangerous and deadly agent. Positively, there never has been any more proof that lobelia ever caused the death of a human being than there has been that any explorer has reached the north pole. Of course, it can be justly admitted that lobelia is about as dangerous as too much bread and butter. The whole foundation for the report about lobelia being of a killing nature is as sound as the story about a man vomiting three black crows. The patient vomited something as black as a crow, then it was told that he vomited a black crow, then two black crows and, finally, it was claimed that the patient vomited three black crows. Many times it has been asserted, uder the solemnity of an oath, that somebody was almost killed with lobelia, when in fact, almost never killed anybody. What may be called the frightful effect of lobelia has often been a blessing in disguise.

The young or old writer who claims that lobelia has toxic property has no better authority for the claim than too "profane history." A little "sacred history" in the matter is like this: Nearly a century ago a doctor (it is too bad to be under the necessity of calling him doctor) by false swearing got Samuel Thomson into prison for killing a man with lobelia, when Thomson had not seen the man in about four days previous to his death and during such time the man had been under the treatment of other doctors who believed that all known poisons were medicines. The false evidence was, that Thomson gave lobelia to the man who died, and a specimen of the lobelia was brought into court, and it was proven to be marshrosemery. Such has been the strongest case to show that lobelia is a poison. Of course, Samuel Thomson got into jail, charged with killing a man with it and that clinched the poisonous nail.

Doctors who have made the least use of lobelia and, therfore, know the least about it and who do not scruple about putting the most deadly agents into their prescriptions are those who object to the use of lobelia because they claim that "it is too powerful and too dangerous as well as hazardous in its operation for ordinary use." Should consistency and honesty be ignored in the study and practice of medicine?

During a period of fifty years I have taken many emetics of lobelia and prescribed hundreds of them, with universal good results.

Dr. Ross under the head of "Case of Pneumonia" in the March number of the Review makes this statement: "I have queried whether an old fashioned lobelia emetic on the start might not have changed the entire chart of the case." Most assuredly the emetic would have caused the desired change. The patient would not have been weeks without air in his left lung, after taking a lobelia emetic, as it is impossible to vomit, thoroughly, without clearing the air tubes of the lungs. If the doctor had used nothing but King's Compound Tincture of Lobelia, with a little capsicum added to it, the case would not have been as lingering as reported. Many years ago I came to the conclusion that lobelia is an emetic, alterative, anti-spasmodic, relaxant, deobstruent, diaphoretic, discutient, expectorant, febrifuge and nervine. The most popular drug in use is not its equal.

Some very valuable information about lobelia can be found in the Transactions of the National Medical Association for the year 1894, Vol. XXI, at page 588; for the years 1897-98 at page 85 and for the years 1899-1900 at page 307. Also, in the Transactions for the Eclectic Medical Society of the State of New York for the year 1899 at page 182.

Party spirit and pride of opinion should never be allowed to occupy the place in the medical profession needed for consistency and honesty.

King's Station, N. Y.

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## THREE CASES OF EPITHELIOMA.

By W. H. Wyatt-Hannath, M. A., M. D.

The term epitheliomata, once used to distinguish between epithelial and connective tissue cancers, conveniently describes the site and anatomical characteristics of malig-

nant tumors which occur in two forms the "flat-celled" and "cylindrical." Both forms begin as a small hard nodule which gradually enlarges and adhears to the deeper tissues. Its surface brakes down and a constantly spreading ulcer follows with raised, indurated and everted edges, an irregular base and foul discharge. The disease may spread so as to destroy a great deal of structure. I have seen one case where an unrecognized epithelioma of the nose destroyed the eyesight and a part of the cheek on the affected side, necessitating an enucleation of the eye and a complete clearing of the affected site with skin grafting to modify the disfigurement.

I wish to describe three cases which I have attended during the last year.

1. Mrs. L., aged 70 years, came complaining that she had suddenly lost the sight of her left eye. This was afterwards determined to be due to hemorrhage into the optic sheath. On the bridge of the nose was an ulcerating epithelioma. She said that she had been under treatment for the previous six months since the sore began to run and that it was getting smaller but her daughter was sure that it had been steadily growing worse. An operation was declined and applications of sulphoric acid 1 part, in water 4 parts, were tried for a month unavailingly. She then consented to have an operation but would not allow general anasthesia. After injecting the base with a solution of Eucanie Beta, the surrounding skin was cut and the ulcer cleared out by galvano-cautery. The patient was too restive to allow the removal of sufficient surrounding tissue and though the wound healed under Unna's Mercury and Carbolic Acid Plaster mull the ulcer reappeared and at present notihng more has been done.

2. Miss W., aged 47 years, had an epithelioma on the right cheek. She is a sufferer from recurring carcinoma, originally in the right breast. She was operated on in the usual fashion, (cutting down on the growth, shelling out and suturing) and came into my hands about a year after with another growth in the breast. Since then I have operated twice and from last October have been injecting Coley's streptococcus pyogenes and Bacillus prodigiosus to destroy a series of growths in the right side of the neck. This case I hope to describe at some future time. The point in regard to our subject being that a month after the beginning of the treatment the growth shrivelled up and dropped off leaving no scar and at present there has been no reappearance.

3. Mrs. W., aged 63 years, had an epithelioma for 2 years on the right side of the nose, the upper border coming within quarter of an inch of the canthus. The growth had been stationary in size until about two months before she came to me. Under anasthesia I excised the growth, stopping the bleeding, which was profuse, with a saturated solution of sulphate of zinc and afterwards styptic cotton. A few days later under Eucanie Beta I burnt the surface with galvano-cautery; dressed with Xeroform the wound healed without suppuration, leaving no scar and at the present time you could not tell that anything had been the matter with her nose.

Roselle, N. J.

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## CLAVIS UTERI.

A new electrotherapeutic intra-uterine device (which converts the uterus into a galvanic cell) for the successful treatment of sterility in the female and for the production of temporary or permanent artificial barrenness.

By J. G. L. Gaedeke, M. D.

Read at the meeting of the Eclectic Medical Society of the State of New York, 1901.

After five years of experimentation, both in its construction, and in its practical application, I am now in a position to lay before the medical profession the above perfected device, which is a simple invention, but which has made the application of electricity for certain pathological conditions of the uterus and its adnexa, which are causative of sterility, an easy matter, where formerly it was a time robbing and tedious

procedure, both for physician and patient, and for this reason seldom carried to a conclusion, on account of the many, and frequent sessions required, often exhausting both the patience and funds of the patient, and for this reason usually discontinued before a cure could be established. Whereas this device is but once applied and left in position to do its work, and is not withdrawn until it has accomplished its purpose. According to statistics, sterility occurs in married couples in the proportion of about one union in eight. In the so-called better classes sterility occurs even more frequently, being one in seven unions. A small percentage only being due to pathological conditions in the male. Sterility in the female is classified into two general groups. In those where it is primitive, having never conceived, and in those where it is acquired, having conceived, and given birth, or having miscarried, and thereafter remaining infecund for some acquired reasons.

In primitive cases there may be absence of Uterus, or imperfect development of same, occlusions of Fallopian tubes, external or internal os Uteri, or Artresia of vagina, or displacement of ovaries into culdesac with or without adhesions, and thus beyond reach of the fimbriated extremity of the fallopian tubes.

Oophoritis, destruction of follicles, thickning of cortex of ovaries, precluding dehiscence of ovisacs, so ova cannot reach surface of ovary; integumentary condensation of stroma preventing ripening of ovisacs; adhensions of ovaries, preventing the entrance of discharged ova into oviducts.

The neoplastic degeneration to which ovaries are most liable are the cystic, and all the different varieties of cystoma, as well as the fibromata, the sarcomata, and the carcinomata, causing sterility where both ovaries are affected, or when advanced, where disturbances are becoming bilateral, through encroachment of space, and consequent displacement.

Abnormal condition of the tubes, if bilateral, will also cause barreness.

Absence of, or rudimentary uterus, remaining infantile, juvenile, or adolescent, by virtue of arrested development.

Descent of Uterus, and deviations anteriorly, posteriorly or laterally; narrowness of os, causing stenoses. Flexions in either direction.

Of all these causes the former are fortunately most rare, and the latter more prevalent, and also more amenable to successful treatment and cure.

Of the acquired causes of sterility, superinvolution, leaving womb to a minimal tube, admitting sound for 1-2 inch and upwards.

Subinvolution; womb remaining too large, induces sterility. And if conception does occur, is the frequent cause of abortion, becoming habitual on account of altered condition of intermetrium.

Inflammation of internal, middle or external coat of womb is often cause of barrenness.

Fixations from perimetritis, and consequent function destroyed promoting early abortions.

Meso Metritis, with its thickning of walls, and expansion of cavity, as also frequent deleterious secretions fatal to life of the spermatozoa, and their progress, and difficulty of healthy fertilized ovum to attach itself to surface of intermetrium, as the same are altered, and orifices frequently occluded.

Myomata or fibroid tumors may cause sterility, whether subperitoneal, intramural, or submucous.

Sarcomata, carcinomata, occur mostly in cervix, or os, allowing conception to occur only in the early stages of their growth.

Unhealthy discharges, acid or otherwise, also endanger the life and progress of the spermatozoa, and therefore cause sterility.

The treatment of these abnormal states by the device under consideration consists in placing within the cavity of the womb and its neck certain electric elements, (hereinafter described) to be acted on by the warm moist interior of the womb, as also by their own metal contact. Thus causing in

utero a constant state of electrotonus to exist. The current is small but because of its permanency, it is efficient.

The immediate effect of this current in utero is to cause chemical changes in the mucous secretion of the womb, disintegrating the same, and rendering the normally slightly alkaline mucous and glandular secretions temporarily slightly acid. For this reason sterility must continue during the time it remains inserted for the cure of sterility, and a normal condition of the offending organs is being effected; and therefore the instrument should be removed as early as practical when a result is obtained, and then the parts will be left in an open and healthy condition, for the reception, and maintainance of the spermatozoa, and conception is then certain to take place on exposure to same.

Of the different pathological conditions of the pelvic organs causative of sterility, I have been successful in removing the following, viz: Chronic Uterine Catarrh, and consequent leucorrhoea.

Stenosis of inner, and outer osuteri, when primitive and not due to cicatricial hardening.

Flexions of uterus at cervix.

Subinvolution of uterus.

Subacute inflammation of internal and middle coats of womb.

Altered secretions of Uterus, acid or otherwise.

Fortunately the latter conditions here mentioned are very amenable to successful treatment, and are by far the most frequent causes of sterility.

I shall now proceed to describe the device with which I have been uniformly successful in the treatment of the above abnormal conditions, as well as for many other pathological states of the pelvic viscera, and their reflexes.

The invention has been named "The Womb Key" because of its faculty to unlock a sterile, and lock a fecund womb. It is an invention, inasmuch as its merely mechanical construction is concerned. But it is a discovery as to the fact that the device can be easily, painlessly and safely introduced and temporarily, or permanently worn within the cavity of the womb without causing irritation, or in any manner becoming unpleasant or dangerous to its wearer. Not interfering with menstruation or any other normal function. It is self retaining, keeps itself clean, and requires no further attention after it is inserted. It remains within the cavity of neck, and body of womb, not projecting into the vagina, being altogether lost in the interior of the womb, even to manual or specular examination. It is easily removed by outward traction.

EXPLANATION OF ILLUSTRATION.

In this cut, representing the divided upper Vagina, divided mouth and neck of the womb, and body of the womb, so dissected that the inner cavity of same is shown, the "Womb Key" is seen lying in its position with forks extended into cavity, upper twisted portion just at inner mouth of womb and balance of twisted part, as also loop in the cavity of the neck of the womb. If the divided outer mouth and neck were brought together the device would disappear from view, and also be beyond reach

and feel of examining finger.

Construction of "The Womb Key."

This device is composed of two electrically opposed wires of a thickness of about No. 18 French gauge, about 2 1-4 inches long each.

When brought into contact with each other, one is of negative, and the other of positive electro motive force. The metal used must be so alloyed that the one becomes strongly negative and the other positive electric upon contact, and must remain inoxidizeable in use, and so constructed that hydrogen gas will not form on the negative wire when in use.

They are twisted at one end upon one another so as to leave the other ends free to project fork like from one another, separating about one inch at point of furthest separation. The metal must be of sufficient resiliency or spring to allow them to spring back to the fork shape, after having been compressed for purpose of insertion through the narrow openings into the interior of the womb. The end of the forks are so turned over, that they become probe shaped to facilitate insertion, and prevent injury. The stem formed by twisting the wires upon themselves, is of about five twists (1-3 in.) long, ending in a loop one side, and a stem on the other to meet the loop leaving a space of about 1-20 in. for the current to complete its circuit.

Remembering Galvani's first frog leg experiment, from which the name "galvanic electricity" is derived, it will become apparent that by their contact, an electrical disturbance is created in the metals. This is one source of electric current. But the fork like ends of this instrument being inserted into the cavity of the womb, with its warm moisture is another, but a chemical source of electrical disturbance, causing additional electric current. They both, by contact, and by chemical action, become generative of electric current, causing within the womb a constant state of electrotonus, including its substance, which is transformed into a veritable electric jar, the metals acting like the zinc and carbon of ordinary electric cells or batteries, and the womb as jar and fluid, which can never become exhausted.

In all cases where pregnancy would become a menace to the life of a patient, when conception is undesirable this device should be placed for the production of artificial barreness; in such cases as

Bright's disease of the Kidneys.
Advanced cases of Diabetes.
Advanced cases of Tuberculosis.
All advanced incurable diseases.
Recent syphilis, etc.
Habitual miscarriage.

Malformation of pelvis precluding natural parturition, etc.

Precautions to be observed in inserting "The Womb Key":

1st. The womb key should preferably be inserted right after a menstrual period. To be as diffident in using it as the Uterine sound, with a view to a possibly existing pregnancy.

2nd. Anticepticize vagina and bivalve speculum. Cleanse os uteri with a pledget of cotton, soaked in a 10 per cent. solution of carbolic acid, or its equivalent.

Insert asepticized womb key, after having an aseptic solution capsule pushed over points of fork, which are thus brought together for the purpose of facilitating insertion. It is well to first introduce aseptic sound, to get direction of cervical canal.

The capsule will readily disolve and leave fork spread out in utero, causing instrument to be self retaining.

"Points of advantage in the use of the 'Womb Key:'"

Certainty of causing a continuous state of electrotonus.

Safety of its use, being non-irritant in utero.

Self retaining until withdrawn by hook instrument.

Ease of insertion and non-projection into vagina.

Non-retention of menses, or other secretions.

No necessity of removal for cleansing, keeping itself clean and permanently active.

No time limit of use, as it may be worn temporarily or permanently without injury.

To ascertain its electric activity: Place the instrument in the mouth, laying the fork on the tongue, with loop on tip of tongue. Close the mouth.

Its disintegrating action on the saliva is tasted immediately and continuously.

The so-called electrical taste is at once established and maintained while retained. This taste is really that of the decomposed saliva, which demonstrates the presence of a current of electricity beyond a doubt, as without it no such action on the saliva could occur. A tooth being filled with metal, being brought in contact withany part of instrument receives and feels a shock.

At this point I would like to draw attention to he fact that from a humanitarian standpoint, this new device is certainly deserving of credit, inasmuch as it represents an addition to our professional armamentarium, which enables the physician of today to protect the above indicated class of patients by prophylaxis, where formerly additional risk from surgical interference, more or less serious, and sometimes fatal, had of necessity to be incurred.

Prophylaxis can henceforth be practiced with ease, safety, and scientific certainty.

The electric condition created in utero in consequence of the presence there of the opposite electric elements will chemically disintegrate the normal moisture within the womb, and its neck, making its interior uninhabitable for the zoosperm as before mentioned and the light, but constant circuit of current acts as a stimulus to the blood supply, thereby increasing nutrition and tissue metamorphosis affecting its nervous network and relieving eventually, many reflex difficulties. Many benefits in this direction have been observed during the five years that have now passed since first this device was experimented with by the inventor and during which time he has availed himself of every opportunity for placing the instrument. Not a single instance had to be recorded, in which complaint was made concerning any unpleasant symptoms as a result of its insertion or wear. Its presence invariably relieved unpleasant abdominal and pelvic sensations, such as bearing down pains, sensations of weight, etc. Painful menstruation when due to stenosis, etc., is relieved from the time of its insertion. The current has proved itself to exert a relaxing influence on the circular fibres of the os, etc. Flexions require more protracted treatment and intelligent management. I have placed as many as four instruments gradually and successively at long intervals to obtain sufficient straightning for conception to occur.

Uterine leucorrhoea is easily and quickly overcome. And this I have found to be one of the most frequent and potent factors in causing sterility.

The presence of the instrument is never detrimental, but always beneficial, restoring normal condition and maintaining health. It is harmless because the instrument lies easily in the natural cavities and channels of the organ, except when used to correct flexures, when the pressure is very slight, but continuous enough to eventually cause the cervix to be in line with the uterine cavity, and the action of the current seems to minimize all pressure symptoms.

In such cases after straightning is finally obtained, the withdrawal of the device after the cessation of a menstrual term, invariably insures impregnation, on exposure to same.

As to the limit of time that this instrument may be safely worn, there is as yet no longer record than that of my own experience.

I have placed the womb key at every opportunity since 1896. In those for whom I placed the instrument for constant wear, I have made recent examinations in, both of the instruments and the patients. I found the instruments bright and active, and the uterine cavities in a normal condition.

There were no complaints to record, as to any inconvenience whatsoever, in any of these cases, whether remotely or recently inserted.

It is my opinion that there is practically

no limit regarding the length of time it may be safely worn in all cases, if inserted with common surgical cleanliness.

This device appropriately named "Clavis Uteri" which has been invented and patented by the author, and hereby for the first time published, and dedicated to the medical profession, will shortly be produced imbedded in a specially prepared coat of asepticized soluble gelatine and glycerine, which will readily melt in utero after insertion, allowing the forks of the device to spread and thus retain itself in utero until withdrawn, so that only ordinary cleanliness will be required to insure safety.

I hope to be enabled, at an early date, to continue this preliminary introduction with a more extended and explicit dissertation on this subject, and issue my results, success and failures.

138 East 93rd street, New York, N. Y.

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## HAMAMELIS VIRGINICUS.

By H. J. Birkenhauer, M. D.

Read before the New York Specific Medication Club, May 10, 1900.

Synonyms.—Witchhazel.

Part used.—The bark and leaves to be collected in the fall.

Natural order.—Hamamelaceae.

Habitat.—United States.

Botanical description.—Hamamelis virginicus is an indiginous woody shrub, growing in all sections of the United States and Canada, especially in hilly and stony places. The stem is crooked with flexuous branches from 4 to 6 inches in diameter, and 10 to 12 feet high; wood white, bark smooth, brown to brownish gray; when old fissured. Leaves alternate on short petioles 4 to 6 inches long, two to three inches wide, oval, wavy toothed, and somewhat downy when young. The seeds are black and shiny externally, white, oily, and farinaceous within, and edible. It has yellow flowers which appear in September to October, and continue until the very cold weather of winter comes on. The fruit, which is very much like the hazelnut, ripens in the following autumn, and is very often mingled with the new blossoms. The bark and leaves are bitter and astringent It yields its virtues to water and dilute alcohol.

Preparations and dose:

| | |
|---|---|
| Fluid Extract | 10to 60 m. |
| Distilled Aqueous Extract | 10 to 60 m |
| Specific Medicine | 5 to 60 m. |
| Solid Extract | 5 to 15 grs. |

Specific Indications.—According to Ellingwood the specific indications for Hamamelis are soreness and aching of muscles, bruised sensation; soreness from violent exertion, from bruises and strains, or from cold and exposure. Relaxed mucous membranes; dark blue membranes from venous stasis; dilated relaxed, enlarged and full veins; varicosis.

From the above indications, it will be seen that the action of the remedy is mainly on the venous system; and observation of results obtained by the use of this remedy, will bear out this fact.

The remedy has a very large field of usefulness in medicine, and is at the same time harmless.

In Haemoptysis I use it in combination with Lycopus Virginicus, and find that it gives good and quick results. It may be thought here that the Lycopus gives the result; this however I have proven to my entire satisfaction, by giving the Lycopus alone, but not with the good result that the addition of the distilled Aqueous extract of Hamamelis gave. I have also used the Aqueous extract Hamamelis uncombined in these cases with good results.

As to its action as a Haemostatic: Many physicians believe that the haemostatic action of the drug is due to Tannic Acid; but this cannot be so; for the Distilled Aqueous Extract contains no Tannic Acid, whatsoever, which may be proven by adding Ferric Chloride to it, no tannate forms; and it is this preparation of the remedy, the Distilled Aqueous Extract, that has given me better results than any other form of the remedy. Its action

must be due to the valatile oil, or the bitter principle it contains, or both. It has a direct action on the veins, toning up the muscular coat.

In cases of Laryngeal Phthesis, I have used the Distilled Aqueous Extract Hamamelis not only internally, but also as a gargle, giving the patient much relief from the pain in, and dryness of, the throat, which was present.

I have lately had several cases to treat that were expectorating blood streaked mucous, and quite frequently a quantity of blood would be expectorated. I diagnosed the hemorrhages as coming from the Larynx. In these cases my main reliance was placed on the Distilled Aqueous Extract Hamamelis and I received quick and satisfactory results. I have found in every case in which I have used it, that it has toned up the appetite wonderfully, and it also has a tonic effect on the bowels.

In all cases of chronic ulcers, I use the Hamamelis internally; it aids materially in the healing process.

Haemorrhoids are a condition where the remedy internally, in combination with Collinsonia gives very good results, causing a diminution in the size of the Haemorrhoidal tumor in a very short time. In these cases I also use the remedy locally. When the Haemorrhoids are internal I use a suppository of gr. v of the solid extract to Oleo Theobroma q. s. When they are more external, I use the Distilled Extract applied on compresses; the awful itching that is present is readily relieved, as is also the pain; if the pain is very severe, I have them use the remedy hot on compresses. This heat stimulates the local absorption of the remedy and thereby produces a quick action.

In orchitis its action is also very beneficial when locally applied on compresses, either hot or cold; preferably hot.

Bruises and sprains may also be very much benefited by the local application of Hamamelis; in sprains it is well to combine the remedy with Collinsonia and apply hot on compresses.

In Eczematous conditions combined with other indicated remedies, it is of much service, aiding materially in controlling the spread of the difficulty.

The Aqueous Extract Hamamelis in combination with Norwood's Tincture Veratrum viride, as recommended by Prof. G. W. Boskowitz.

℞.

Tr. Veratrum vir.....℥ i
(Norwood)
Dist. Aq. Ex. Hamamelis q. s..O i

Applied on cloths, is the local treatment par excellence, in Erysipelas; it relieves the pain, and checks the spread of the inflamatory process.

All localized inflammatory conditions will be much benefitted by the local application of Hamamelis, of which the most desirable form is the Distilled Aqueous Extract.

New York City.

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DEPARTMENT OF

## SPECIFIC THERAPEUTICS.

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Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

Truly, doctor, the Review is just such a journal as you need. You cannot do a really successful twentieth century practice without it. Send one dollar to the Dean and he will do the rest.

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Aconite and Belladonna are indicated in a very large per cent. of Scarlet Fever cases, and, with the addition of Bichromate of Potash for the sore throat, frequently constitute the only needed internal treatment.

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In chronic inflammation of the bladder, and all catarhal conditions of the urinary passages, Stigmata Maidis exerts a curative power which is unmistakable. The dose usually employed is from thirty to sixty drops every two or three hours.

Solanum Dulcamara is an efficient remedy in scrofula, spyhilis and all diseases in which there is an impairment of the blood. In rheumatism resulting from long-continued exposure to cold and dampness it is also worthy of confidence. ℞. Dulcamara, gtt. xx to ♃ i, water, ♃ iv. M. Sig. Dose one teaspoonful every two to four hours.

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In catarrhal and purulent cystitis, dysuria and tenesmus Triticum Repens affords marked relief. It is also of decided merit in conditions characterized by lack of secretion from the kidneys, and in irritability of the bladder from any cause. The dose should be from five to ten drops every hour to every three hours.

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Polygonatum Multiflorum exerts a direct action upon the circulation, and especially upon that of the venous system. In irritated and relaxed mucous membranes, and in irritable conditions of the intestines, especially when attended by burning sensations, its action is such as to give confidence in its usefulness. The dose found most effective is from ten to thirty drops every three or four hours.

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In anaesmia of syphilis, especially when there is a sensation of heat in the pit of the stomach, and in tubercular syphilide Calotropis Gigantea is sad to be a remedy of decided curative power. The dose is from two to five drops of a tincture of the bark of the root every three hours.

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Quercus Alba, in doses of ten to twenty drops of the specific medicine every hour or two, has proved curative in many cases of epidemic dysentery after the failure of other approved treatment. Previous to its exhibition the bowels should be evacuated by some mild cathartic.

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Pain in the shoulders extending to the neck and back of the head, is vigorously opposed by Sticta Pulmonaria. Sharp pain with soreness above the scapulae, short hacking coughs and soreness or tenderness of the muscles of the shoulders, are also calls for this medicament which should not be neglected. ℞. Sticta, gtt. x to xx, water, ♃ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

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Hydrated oxide of iron is a generally recognized antidote to acute arsenical poisoning. Don't forget that this antidote can be made in various ways. In an emergency six ounces of the tincture murate of iron and one ounce of sodium bicarbonate will do. Dissolve the soda in water and then add the iron tincture until precipitation ceases. Place in a thin cloth and squeze; then add water and squeeze again, and administer the residue.

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Chionanthus is a superior remedy. For many years it has been and still is my favorite medicament in conditions showing a yellowish discoloration of the skin. I was recently called to a case, however, in which I could not use the drug. The patient was a delicate girl nine years of age. Her skin from her head to her feet was positively yellow, as was also her urine. With Chionanthus in my case, this seemed a very simple matter, and I perscribed my favorite remedy in five drop doses every two hours with perfect confidence that my litlle patient would soon improve. Calling on her the following day I learned that she had not been able to retain a single dose of the medicine, although she had made several brave attempts to do so. Under these circumstances the case did not seem nearly as simple as it had on the previous day. But soon remembering that yellowish skin and yellowish urine were prominent indications for both chloride of potassium and chloride of sodium, I added ten grains of Kali Mur. 3 x to four ounces of water, and ten grans of Natrum Mur. 3 x, to another four ounces of water, and directed one teaspoonful of each to be administered every two hours—one hour apart. Under this treatment alone the

skin and urine became normal in appearance in three days.

## SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION.

Specific diagnosis is the foundation of specific therapeutics. Without a thorough understanding of disease expressions (specific diagnosis) one cannot successfully practice direct or specific medication. This knowledge must be obtained mainly by personal observation, but from books one must learn how to observe, what to observe and how much importance to attach to the different and varied expressions or symptoms caused by the many departures from health. This information, however, cannot be obtained from either old-school or homoeopathic text books. It is only to be found in the works of modern Eclectic authors. In a book entitled "Specific Diagnosis," by the late Prof. John M. Scudder, M. D., this subject is very ably treated. Prof. Scudder was one of the most careful and thoughtful medical investigators of the nineteenth century. In this book much of his life work is given to the medical world in the plain, able and forcible style for which he was noted. It is a work which should be in the library of every progressive physician. In the preface Prof. Scudder pointedly says:

"We believe that the expressions of disease are uniform, and always have the same meaning, and that the action of remedies is something definite and uniform—'that like causes always produce like effects.' If we properly study our cases, so as to determine a definite condition of disease, and know the direct action of remedies in such conditions, we will have a certain and rational practice of medicine."

"Specific Medication" is a companion volume by the same talented author. It treats of the remedies referred to in "Specific Diagnosis," giving terse descriptions and valuable indications for their successful employment. It also contains information of great importance in regard to the theory of specific medication, its difference from homoeopathy, the administration of medicines, forms of medicines, preparation of remedies, office pharmacy, classification of remedies, and many other thoughts and suggestions of the utmost importance to the student and practitioner of medicine. These works are published by Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio. Prices: Specific Diagnosis, $1.50; Specific Medication, $2.00.

## MAGNESIUM PHOSPHORICUM—MAGNESIA PHOSPHORICA.

*Common Name.*—Phosphate of Magnesia.

*Description.*—The phosphate of magnesia may be made by a process in which the phosphate of soda and the sulphate of magnesia are employed. It occurs in needle-like crystals, has a cooling, sweetish taste and is sparingly soluble in water. The preparation here referred to is prepared by trituration of the salt with sugar of milk. It may be dispensed in water.

*Usual Prescription.*—℞. Magnesia Phos., 3 x gr. xx, water, ℥ iv. M. Sig. Dose one teaspoonful every fifteen minutes to every four hours.

*Indications.*—Spasmodic cough, coming on in paroxysms, and convulsive fits of nervous cough, ending in a whoop; persistent semi-chronic cough of a pseudo-catarrhal and nervous character; spasmodic dry, tickling cough; darting spasmodic pains, accompanied by a feeling of constriction; spasmodic retention of urine; paralysis agitans; brain troubles of children, characterized by unconsciousness and convulsive symptoms; pain on top and back of the head, extending down the spine; pain commencing at the occiput and extending over the whole head, with nausea and chilliness; convulsive twitchings of the angles of the mouth; spasms of teething children; burning tasteless eructations; cramps in the stomach, with sensation of a band tightly bound around the body; flatulent colic of children.

This is a useful remedy in whooping cough. It modifies the cough, lessens the

severity and frequency of the paroxysms, and materially shortens the duration of the disease. In this condition it should be given in hot water. One teaspoonful of the "usual prescription" may be administ ed in a little hot water every three or four hours regularly, and repeated whenever a paroxysm of coughing comes on. In colic it should also be given in hot water.

Phosphate of Magnesia is antispasmodic.

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## TINCTURA LOBELIAE COMPOSITA.

*Common Names.*—Compound Tincture of Lobelia, King's Expectorant Tincture.

*Description.*— This tincture is composed of Lobelia Herb, Blood Root, Skunk Cabbage Root, Wild Ginger Root, Pleurisy Root, Water and Alcohol, and sometimes Vinegar.

*Dose.*—10 drops to 4 drachms.

*Indications.*—Cases requiring an emetic or expectorant.

This old Eclectic compound is a good emetic for children. In croup the dose for children one year of age is half a tablespoonful in a tablespoonful of molasses every fifteen minutes until vomiting is produced. The dose for a child from two to six months old is half a teaspoonful; less than two months old, from fifteen to twenty-five drops every ten minutes until vomiting occurs. Children from three to ten years of age may take a tablespoonful in molasses, or warm water, every ten minutes until vomiting is secured. As an expectorant in cough, asthma and tightness across the chest, the dose for adults is from one to two teaspoonfuls three to five times a day.—Fyfe's Materia Medica and Therapeutics.

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## LINIMENTUM STILLINGIAE COMPOSITUM.

*Common Name.*—Compound Liniment of Stillingia.

*Description.*—This liniment is peculiar to the eclectic practice. It is made by mixing one fluid ounce oil of stilingia, half fluid ounce oil of cajeput, two fluid drachms oil of lobelia and two fluid ounces of alcohol. When less strength is desired it may be made by mixing half a fluid ounce of oil of stillingia, half fluid ounce oil of cajeput, one fluid drachm of lobelia and three fluid ounces of alcohol.

*Dose.*—1-2 drop to 5 drops on sugar.

*Indications.*—Obstinate coughs caused by irritation of the respiratory passages, croup, asthma.

This is a very efficient remedy in the first stages of croup. In this disease it is used both internally and applied externally to the throat. A good way to apply it is to wet a piece of flannel with the liniment and bind it around the neck. A child two years old should be given from one-half of a drop to two drops of the medicament on a little sugar every fifteen minutes to every hour or two acording to the urgency of the case. As a remedy in chronic coughs, and, in fact, in almost all kinds of coughs arising from irritation, it is of the greatest value. It is also used with good effect in asthma.—Fyfe's Materia Medica and Therapeutics.

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## THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

My Dear Doctor:

The next meeting of the National Eclectic Medical Association is booked for Chattanooga, Tenn., June 18, 19, 20, 1901. All Eclectics are billed for this meeting at time and place mentioned.

It is expected that we occupy the spacious Lookout Inn, on the top of Lookout Mountain, which will be as cool and pleasant as the sea shore, by day and by night, and commands one of the finest views in the world. Preparations are being rapidly completed and a fine program will be forth coming. All matter for program should be in the hands of section officers or Dr. Pitts Edwin Howes, secretary, by April 1st and not later than April 10th, to appear in printed program.

Chattanooga is accessible by railroads from all directions, and passengers are

landed in the very heart of the city. A rate of one and one-third fare for the round trip, on the certificate plan, is promised from all sections of the country. Dr. N. A. Graves, Cor. Sec., 518 West Chicago Ave., Chicago, will fully inform you in regard to transportation from any and all sections, within a short time. Hotel rates will be $2.50 to $3.00 per day.

Remember the prize contest, write your best article, report your most interesting cases, and come to the meeting. This is a case wherein "all who run will obtain a prize."

The entertainment promises to be the very best—the meeting of the Society will be what we shall make it—so come on boys and let us rally round the old ship which has thus far safely carried us.

Very respectfully,

E. LEE STANDLEE, M. D.,
President.

# LIST OF COMMITTEES

FOR THE

## NATIONAL ECLECTIC MEDICAL ASSOCIATION MEETING

AT

CHATTANOOGA, TENNESSEE,

JUNE, 18-20, 1901.

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### AUDITING COMMITTEE.

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C. Edwin Miles, M. D., Boston, Mass.

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Wisconsin—J. V. Stevens, M. D., Jefferson.
Wyoming—W. A. Wyman, M. D., Cheyenne.

E. LEE STANDLEE, M. D., President.
PITTS EDWIN HOWES, M. D., Secretary.

Boston, March 11, 1901.

## NEW YORK STATE MEETING.

The forty-first annual meeting of the Eclectic Medical Society of the State of New York was held at Peattie's parlors, Fishkill Landing, April 3rd and 4th, 1901.

After prayer by the Rev. W. A. Mackey the society was welcomed by James G. Mayer, Esq., representing the town of Fishkill, and William Brown, Esq., Matteawan. To these President Maxon responded. After roll call by Secretary Hardy, President Maxon called for the credentials from Auxiliaries and these were referred to the board of censors. While the board was considering the credentials the society listened to verbal reports which were interesting and showed a steady progress in almost all the Auxiliaries.

The Albany County and Saratoga District have joined forces thus making a strong society under the name of the "Albany and Saratoga District Society." After reading and approving the minutes as published in the last volumn of Transactions the president delivered his annual address which was listened to with marked attention and as it recounted the experience of forty years' practice, was very much enjoyed by the members. Then followed many interesting essays, among them description of an invention by Dr. J. G. L. Gaedecke called "Clavis Uteri;" a classical paper by Dr. R. Liston of Albany, entitled "The Darwin theory of the evolution of the sense of smell."

Dr. F. P. Sinclair of Lysander presented a paper on albuminoria and dropsy; A. W. Herzog of New York, one on catarac extraction; R. A. Toms of New York on mixed infection; L. H. Muncie of Brooklyn on orificial experiences, and M. B. Pearlstien of Brooklyn presented a new sigmoid electrode and read a paper on its application in disease.

In the evening we had a pleasant banquet at the Holland House, Dr. Boskowitz acting as toast master.

The following are the toasts:

"To the Practice of Medicine"
G. W. Thompson, M. D.

"Surgery"
H. S. Blackfan, M. D.

"Country Practitioner"
F. P. Silclair, M. D.

"Specialties in Medicine"
A. W. Herzog, M. D.

"Our College"
Pres. W. R. Spooner, L. L. D.

"The State Examining Board"
Secretary A. R. Tiel, M. D.

"Greeting" Mass. State Society,
Pres. Charles Lloyd, M. D.

On the second day a great deal of business had to be attended to as the society had spent about two hours of Wednesday afternoon in visiting the Matteawan hospital.

Reports of the various committees, the treasurer's, recording and corresponding secretaries all followed in quick succession.

The editor of Transactions also reported and presented the society with Vol. XIX. The balance in the treasurer's hands not being sufficient to completely free the society of its indebtedness, voluntary contributions were called for and sufficient money raised to more than pay every debt.

We then proceeded to the election of officers and the following were elected:

President, F. P. Sinclair of Lysander, N. Y.; first vice-president, T. W. Pomroy of New York; second vice-president, Henry Stoesser of Brooklyn; third vice-president, E. H. King of Saratoga; recording secretary ,S. A. Hardy of New York; corresponding secretary, G. W. Boskowitz of New York; treasurer, L. E. Horton of Avoca.

Board of Censors.

G. W. Thompson, M. D., New York City; H. Armgardt, M. D., Brooklyn; A. R. Tiel, M. D., Matteawan, F. D. SinClair, M. D., Oswego; R. Liston, M. D., Albany; M. Grant, M. D., Woodhaven; J. E. Hasson, M. D., Bath; Lee H. Smith, M. D., Buffalo; O. A. Hyde, M. D., New York City.

The following were recommended for the state examining board:

D. E. Ensign of McGrawville, Eli Den-

ny of Oneonta, H. S. Blackfan of Cambridge and H. P. Hubble of Stamford.

The president appointed the following committees:

Legislative Committee—Dr. R. Liston, Dr. H. S. Blackfan, Dr. J. H. Bell, Dr. L. H. Smith, Dr. R. W. Padgham.

Advisory Committee — Dr. G. W. Thompson, Dr. H. Armgardt, Dr. F. D. Gridley.

Committee on Feasibility of Meeting at Buffalo—Dr. Lee H. Smith, Dr. R. Liston, Dr. W. J. Krausi, Dr. J. H. Bell, Dr. H. S. Blackfan, Dr. T. W. Pomroy, Dr. E. Denny, Dr. G. W. Thompson, Dr. L. E. Horton, Dr. R. W. Padgham.

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## BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Hotel Thorndike,
Boston, March 19th, 1901.

Dr. C. Edwin Miles was the principal speaker this evening, and he had chosen Gonorrheal Rheumatism as the subject of his remarks, which were as follows, and based upon his personal observations in connection with the disease named. Frequent sequellas were manifested toward the latter part of difficulty. Gonorrheal rheumatism is considered as septic by some, while others as definitely affirm that it is due to urethral toxines. The doctor's observations lead him to believe it due to septic conditions in gonerrhea as gonococci are frequently found in the synovial fluid.

Symptoms.—It rarely affects women. Cases present themselves sometimes in a mild and long continued form. Typical cases of acute type have pronounced swelling of knee, wrist or ankle; we may get redness but not generally; heat not pronounced but pain very severe. The swelling often extends above or below the knee. The chronic form has true arthritis which persists after supra and infra knee swelling has gone. Pain is very severe and is diagnostic of this kind of rheumatism. The constitutional symptoms are mild; temperature is not high.

Treatment—The disease is not readily amenable to treatment. The coal tar products, heat, etc., will relieve but rheumatic remedies, like colchicum, etc., have little affect. Success depends upon curing the gonorrhea. The rheumatism is not often present at the early stages of gonorrhea. Rest in bed,with sand bags around the limb should be prescribed. Heat, or liniments of aconite, chloroform, etc., may relieve. I have used Icthyol 3 i s.s. to Lanoline 3 i, sometimes add Belladonna grs. iii-iv. Put the limb in splints and bandage tightly and when you can put the limb in a plaster bandage. You may now be obliged to use hypodermic injections of morphine to assuage pain. When the local symptoms abate commence to use gentle motion. Massage is sometimes beneficial while again it is very detrimental.

These cases progress very slowly and some never recover. At times it is necessary to resort to surgical proceedures. Chloroform, aconite and turpentine having been used and menthal spray having relieved the pain I have seen good results from antiphlogistine.

Doctor Allen said he was much interested in the subject. He had seen many of these cases. He agreed that the gonorrhea must be cured before the rheumatism would yield to treatment. He reported a case where he had made use of staphisagria and echafolta. Had had good results from antikamnia and salol when there was severe pain. He thought the echafolta was an important part of the treatment.

Doctor Miles added that non-specific vaginites may produce urethritis and arthritis develop therefrom.

Doctor Lloyd asked how the diagnosis would be made if there were no gonorrheal history.

Doctor Miles in response said, the inflammation was of a higher type with slight constitutional symptoms. The local symptoms were also slight with the exception of pain which was intense. It is not always possible to diagnose case positively but ar-

ticles existing without other rheumatic symptoms would be suspicious.

Doctor Lloyd reported a case where a mild case of gonorrhea was followed by arthritis; the wife also developed arthritis which was followed by ankylosis. The doctor obtained the best results in the man from rhustox. The woman was treated by another physician and finally went to the Mass. General Hospital and was in splints for months.

Doctor Earle reported a case which died from embolus. Another case had had rheumatism for ten years. He admitted it was of gonorrheal origin. The doctor took care of him for fifteen years; he gradually grew worse and was badly anchylosed. He became blind, deaf and was troubled with a severe eczema.

Doctor Brown asked what should be done with a case of gonorrhea of two years' standing?

Doctor Miles said he should cleanse bladder and urethra thoroughly.

Dr. Brown said he cured his case in a few weeks by using injections of balsam peru, thoroughly distending the canal by bougee before using the injection.

Doctor Miles said he had used the following with good results.

℞.

Pinus canadensis.....5 i to 5 iv.
Lanoline .....5 iv
Cocaine .....grs. iii

Sig. Use in catheter 3 or 4 times daily. This is very good in female urethrites of gonorrheal origin.

Doctor Allen spoke of the beneficial results which he had obtained from the use of electricity in many of these long continued cases—which developed the gleety discharge.

PITTS EDWIN HOWES, M. D.,
Secretary.

---

## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the Society was held in the assembly rooms at 239 E. 14th street in two sessions, on Thursday, March 21st and 28th respectively.

Dr. James Hervey Bell, president, occupied the chair on both occasions, and Dr. H. J. Doll, secretary, recorded.

The principal business transacted in both sessions of the meeting referred to the State Society meeting, at Fishkill Landing, on April 3rd and 4th.

The deaths of Drs. Randell, Lighthill and Mortimore were announced to the Society by Dr. Boskowitz.

On motion letters of condolence were ordered sent to the families of the deceased.

An interesting case of elephantiasis was presented by Dr. Elizabeth Irwin.

About fifty members attended the meeting.

H. J. DOLL, M. D.,
Secretary.

---

## NEW YORK SPECIFIC MEDICATION CLUB.

The meeting of the New York Specific Medication Club was held Thursday, March 14, 1901. Dr. W. J. Louis presided. An interesting paper was read by Dr. H. J. Doll. Considerable discussion followed.

Among those present were Drs. F. L. Morhard, G. W. Boskowitz, W. J. Louis, P. Nilsson, H. J. Doll, W. L. Heeve, A. W. Herzog, H. J. Birkenhauer, C. W. Brandenburg, R. A. Toms, W. J. Krausi, C. M. Tobynne and M. B. Pearlstien.

The meetings of this club are not only entertaining, but also instructive, and well worth attending. The next meeting will be held Thursday, April 11, 1901, at 9 o'clock p. m. at the Eclectic Medical College parlors, 239 E. 14th street.

---

## N. Y. STATE TRANSACTIONS.

Transactions of the Eclectic Medical Society of the State of New York, including minutes, reports, essays, etc., of the fortieth annual meeting held at Syracuse, May 16 and 17, 1900.

Volume XIX edited by George W. Boskowitz, M. D.

It is conveniently divided into four parts, part I being devoted to the proceedings; Part II, papers, of which there are fourteen, short, practical and interesting; Part III, the president's and other addresses; Part IV contains the constitution, by-laws, laws regulating the practice of medicine in New York state, list of members, etc.

The meeting at Syracuse last year was not as well attended as in previous years, many members preferring to attend the National, which met a month later; therefore, this volume is some smaller than usual. Yet what there is of it is very interesting and is a credit to the editor as well as the society. This is the nineteenth volume that the society has issued. Every member in good standing is entitled to a copy. J. H. B.

## OHIO TRANSACTIONS.

Transactions of the Ohio State Eclectic Medical Association for the year 1900, including the proceedings of the thirty-sixth annual meeting, held at Columbus May 15 to 17, 1900, together with the reports, papers and essays, edited by Drs. F. O. Williams, R. B. Taylor, W. S. Turner.

This is a neat volume of two hundred and eight pages with Dr. J. H. McEl Hinney's (the president of the society) photograph as the frontispiece.

The report of the meeting is clear and shows the activity of our Ohio brethren. The papers read at the various sections are excellent and the fact that the discussions are also recorded adds very much to the value of this book. The editors and the society are to be congratulated on this volume.

## ITEMS.

The Beachonian Society of the Eclectic Medical College of New York held its annual election of officers on Thursday evening, March 7, 1901.

The board of officers for 1901-2 is as follows:

Royal Fellow—M. A. Sturm.
Vice-Royal Fellow—M. B. Carr.
Treasurer—V. Sillo.
Recording Secretary—H. S. Tienken.
Financial Secretary—A. J. Heffter.

Dr. Bell very kindly acted in the capacity of installing officer and Dr. Nilsson as grand marshall.

The society certainly has a very encouraging out-look for the year and interesting meetings are promised.

---

The man of the hour—we salute our president—Dr. F. P. Sinclair, of Lysander, N. Y. The typical representative of Eclecticism. The country physician.

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---

Economy was the watchword at the State meeting. Consequently a balance in the treasury.

---

Don't forget commencement, Carnegie Hall, on the evening of May 7th.

---

Dr. Leo Randell died March 15th.

---

Mrs. F. D. Gridley, wife of president Gridley, died March 20th.

---

Dr. S. Edgar Mortimore died March 21.

---

Dr. E. B. Lighthill died March 25th.

---

The Rev. Dr. Thomas Alexander Hyde will deliver the commencement address.

---

Alumni lunch Tuesday, May 7th, at two o'clock.

---

Delegates and members from New York to our State Society seemed to have a fine time, but it cost some more money than others.

---

We will be glad if those favoring a meeting at Buffalo during the Exposition will send us word.

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OVER 106

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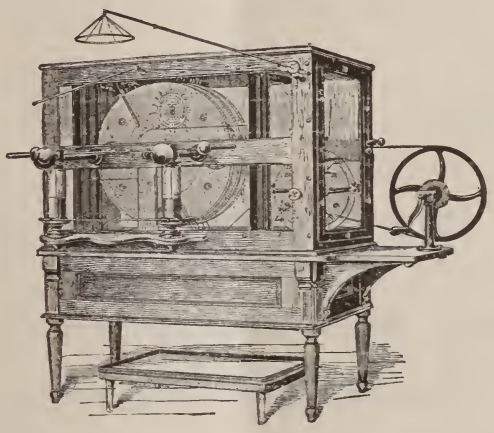

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EDITOR: G. W. BOSKOWITZ, M. D.

VOL. IV. NEW YORK, MAY 15, 1901. No. 5

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## ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

The session which ended with the commencement at Carnegie Lyceum on the evening of May 7th, was a very pleasant and successful one, and the young men and women who received their degrees on that occasion will, I have no doubt, add lustre to the bright record of our students before the state examining board.

We feel a just pride, and it is a source of great comfort to know that our students are so well grounded in their work, and that the examinations before the faculty are so rigid that anyone passing them is reasonably sure to pass the state board.

At the commencement a year ago 13 received degrees, and all are to-day, licensed physicians, practicing in the State of New York.

---

## WHAT'S IN A NAME?"

The desire among physicians to name and classify diseases (except for purposes of record and description), aiming the remedy at the name, is one of the greatest barriers and handicaps to successful therapeutics. It defers positive action until the disease process is well established in the system, and causes the doctor to treat a pathological abstraction instead of a man or woman suffering from wrong life. It also emphasizes the element of chance in practice, because in every case the vital factors, constitution, temperament, heredity, occupation, habits, etc., modify the classical picture of disease, regarded as the type, making it an individual pathological problem.

On the other hand, if we treat the patient from the standpoint of a familiar and thorough knowledge of the normal man, striving to right what is wrong from the start, and adapting our treatment to meet the peculiarities and idiosyncrasies of each patient, we should get quicker and better results, and the question of diagnosis—so far as naming the disease is concerned—would take care of itself.

Many physicians make a routine practice of treating disease tentatively until it declares itself under some familiar name. By that time the patient has lost much of his vitality through the friction of disease, and then the doctor is put to his trumps to conserve and spin out the remainder, while he is fighting that name which he has at last made out to his satisfaction.

There is much tilting of lances over the subject of aborting disease. It is often successfully done by physicians quick enough, and courageous enough to seize the first opportunity, to realize that the immediate present is the time for action, and work, by any means at hand, for restoration to normal conditions.

To accomplish this desirable end, the doctor must be a good observer, thoroughly posted on physiology, familiar with the few fundamental principles which govern in disease, and trained to reason logically. He should steadfastly refuse to let a name hypnotize him. It has become a superstition with many able and intelligent physicians that certain diseases are incurable. When they make a diagnosis of such a disease, they appear to feel that their responsibility is ended. This is not the spirit of progress. This twentieth century sees men in other walks of life attacking, aye and vanquishing, the seemingly impossible, and shall medicine lag behind because of faint-heartedness or bondage to tradition?

Because a thing has not been done heretofore, it does not follow that it cannot be done. If we would not pause before the obstacle of a name, but bravely take hold of one end of the tangled skein, disease, and wind away, patiently unravelling as we ge, before we know it, we should have the whole complex, intricate puzzle made plain, and the human machinery once more running smoothly. "Editorial Medical Brief, May, 1901."

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## ANTISEPTIC MIDWIFERY.

By M. Augsburger, M. D.

During delivery and the post partum stage the obstetrician is always on the lookout for two dreaded complications, post

partum hemorrhage and puerperal septicaemia. Recent investigations have taught us that by proper delivery of the placenta, thereby ensuring firm and persistent contractions of the uterus, the danger from post partum hemorrhage is greatly reduced, while the antiseptic method of delivering the woman has almost completely blotted out puerperal fever from lying in hospitals, where, in former years, frightful epidemics occurred. In private practice, without the use of antiseptics, the mortality from septic infection may by good luck be comparatively small, but it is this small mortality from which every woman ought to expect, and demand, protection at the hands of her medical attendant.

The value of antisepsis is of late so generally admitted that it is unnecessary to dwell upon its importance at this time. Yet how many of us present to-day, deliver a woman strictly according to latest antiseptic methods?

I regret to admit that this method has failed to receive in private practice the universal adoption which it deserves; but this is not due to lack of belief in its efficacy but the difficulty in carrying out the details of the various methods that have been recommended.

To facilitate and simplify matters the following method can be relied upon as answering every indication and being non-poisonous can be used at times when the strong, corrosive poisons so frequently recommended would be positively harmful.

The materials necessary for carrying out this antiseptic method are a 4 ounce bottle of Lysol, a jar containing 4 ounces green soap medicated with ½ ounce Lysol, and a smaller jar containing petroleum jelly also medicated with Lysol, 1 drachm to the ounce.

Upon entering the lying in room and before making an examination, the nurse should carefully wash the pubes, vulva and buttocks with the Lysol green soap; while the patient is thus being attended to, the physician should rub this Lysol green soap well over his arms and hands, and with water and a small brush should work this into a lather, with which the parts should be thoroughly cleansed, special care being given to the finger nails. The finger is then annointed with the Lysol jelly and the examination should now be made. All metal instruments used during delivery should be sterilized by placing in boiling water for 10 minutes, and then placing in cooled sterilized water, to which Lysol had been added. About a teaspoonful to the pint.

Vaginal injections before and after delivery I do not approve of, as they wash away the lubricating mucous from the vagina; unless there is reason to fear infection, in which case a 1 per cent. Lysol solution may be used.

After delivery the external parts of the woman should again be cleansed with the Lysol soap, after which a pad of absorb cotton or lint wrung out in the Lysol solution 1 per cent. may be applied to the vulva.

Although the description of this method of practice "antiseptic midwifery" appears lengthy, it can be summed up in very few words: "Cleanliness of the lying in woman and whatever is brought in contact with her, in conjunction with the use of our best of modern antiseptic 'Lysol.'"

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## HETEROPHORIA.

By Alfred W. Herzog, M. D.

[Read before the Eclectic Medical Society of the City and County of New York, 1900.]

Two horses of equal height and weight and strength hitched to an easy running carriage by a competent stableman; the harness well fitting and the traces of equal length; driven by a careful driver over goods roads at an easy gait; not for too long a time at that, and well fed and watered.

Given all those conditions, the horses are likely to work well together and will be a source of pleasure to the driver.

But let a careless stableman change one of these conditions by making the traces of one horse too long or too short, or of unequal length; or let him possibly have all

four traces of different lengths, and watch the result.

The roads may be easy, the wagon light, and the work under other circumstances would be performed by the team without the slightest trouble.

But to-day the harness does not fit.

The driver snaps the whip and the horses start off; but the work that used to be easy has suddenly become difficult.

One horse pulls this way, the other one that way.

Each horse notices that there is something wrong with its mate.

The one pulls forward, the other leans back; each one tries to accommodate itself to the other.

The driver notices that there is something wrong with the team and gets nerous; and now one of three things is likely to happen.

Either one of the horses will do all the work while the other one just runs inside of the traces without pulling the wagon, or the driver succeeds by superior horsemanship to get the team to go at an acceptable gait, or lastly he gets out of the carriage, investigates the trouble and makes all the traces of the proper length.

In the first case, where one horse loafs and the other does all the work, it is likely that the horse that does no work looses its strength and speed, just like an athlete out of training, and it is just as likely that the other horse, which has to do all the work will become exhausted and break down from overwork.

In the second case, in which the driver by superior horsemanship succeeds in driving the team, the chances are that both horses as well as the driver will become nervous and excitable and altho for a time everything may go on apparently smoothly; at a critical moment there is likely to be a runaway, a smashup, or at the best, both horses and driver will become old before their time.

In the third case however the driver will get out of the carriage, readjust the traces and getting in the carriage again, jog along comfortably, the driving easy to himself as well as to the team.

What has all this to do with the title of my paper?

Let us substitute for "horses" "eyes", for "driver" "man or nerve force," and for "traces" "eye muscles."

Let us then for the sake of simplicity suppose, that there are only two eye muscles for each eye, as there are only two traces for each horse.

Now take the different conditions mentioned before and substitute a Greek word for each condition.

The horses, which are hitched up properly, and which both at the word of the driver, from natural impulse, because it is the most comfortable, start in the same direction—we will call "Orthophoria."

The horses hitched up improperly—one horse doing all the work while the other runs inside of the traces without doing any work, but still not annoying the driver, we will call "Heterotropia."

The third, where the horses are also hitched up improperly, the traces either too long or too short or of irregular length, the horses having a tendency to start off in different directions at every crack of the whip, but yet driven together and made to go together by the driver through his skill or strength we will call "Heterophoria."

The smashup, runaway, or early breakdown of horses and driver, which I predicted, we may call "headaches, nervousness, chorea, insanity, dipsomania, diabetes and various other diseases which may be caused by heterophoria; and lastly the getting out of the driver and readjusting the traces we will call the correction of the heterophoria.

In those textbooks on diseases of the eye, which do not entirely neglect to mention these conditions, "heterophoria" is defined as latent squint, or the tendency to squint, which is habitually overcome in order to secure binocular vision. It means a tendency of the visual axes to turn in different directions.

"Heterotropia" is the actual turning of

the visual axes in different directions, which turning is not overcome, that is to say, "Squint."

"Orthophoria" is the normal condition, in which the visual axes of both eyes turn towards the same point.

"Heterophoria" is divided into different varieties, as for example Eisophoria or Esophoria where there is a tendency for the eye or eyes to turn in or converge.

Exophoria where there is a tendency of the eye to diverge. Hyperphoria where the eye or eyes tend to move up and Catophoria or Hypophoria where there is a downward tendency of the visual lines.

While in my simile with the team of horses there are only two traces to each horse, and for the sake of simplicity I have assumed that there are only two muscles to each eye—there are in fact six muscles to each eye, which hold the eyeball in place and move it in the orbit.

These are the four recti and the two oblique muscles.

The rectus externus and the rectus internus; the rectus superior and the rectus inferior and the obliquus superior and obliquus inferior.

For the purposes of this paper we can disregard the action of the oblique muscles and consider only that of the recti.

The rectus internus and externus are antagonistic, as are also the rectus superior and inferior; so that as the one contracts the other must relax.

Should the right eye for example turn inward, the rectus internus must contract and the rectus externus relax and vice-versa.

What we have to consider are the following three points:

Firstly—Can a short muscle on one side or a long one on the other cause all the troubles I indicated?

Secondly—How can such a short or long muscle be detected and measured?

Lastly—How can such a condition be corrected?

The first question then is, can heterophoria cause all the troubles I mentioned?

This question is the one of the three easiest answered and proven.

Answered in the affirmative and proven by results.

Heterophoria is, as we said before, a tendency of the visual axes in a wrong direction, which tendency however is overcome by the sending of an unusual amount of nerve force to the abnormal muscles.

If for example the rectus internus of the right eye is relatively too long and the rectus externus too short, the right eye would naturally deviate towards the right temple; we would have a case of divergent squint, of divergent strabismus. But this would exclude binocular vision, and as there is a desire to have binocular vision, an unusual amount of nerve force is sent to the right eye, forcing the rectus internus, which is too long to contract to the utmost for the purpose of overcoming, of stretching the short rectus externus.

This is sometimes only done when there is a special attempt to see sharply, while in most cases this large amount of nerve-force is sent to the eye in a steady stream, so that the trouble is not patent but latent.

Naturally this large consumption of nerve force must be sent to the eye or eyes to the loss of either the whole organism or some special organ.

Take one case that I have in mind—an architect, whose principal occupation consists in drawing plans.

His eye muscles are not normal. There is heterophoria.

Unknown to himself a large amount of nerve force is used up for the purpose of overcoming a short rectus internus.

He becomes nervous, needs more nerve force.

Alcohol would supply it; he gets a craving for alcohol, goes on a spree, wrecks his constitution; yet it is impossible for him to resist, for the nerve force must be supplied.

A similar case is that of a newspaper writer who does not go on periodical sprees but is a chronic drinker.

So if you will admit that heterophoria uses up a great deal of nerve force, you will

also admit that the drunkard who drinks for the purpose of supplying that nerve force can be cured if you can relieve the heterophoria.

But not only dipsomania, but a great many other diseases, headaches, chorea, epilepsy, insanity, asthma, diabetes mellitus, consumption and other ailments have been cured by the treatment of heterophoria.

The second question is, how can heterophoria be detected and measured?

I wish that I could answer this question as easily as the first.

In a great many cases however the detection and measurement of heterophoria taxes the patience of the physician as well as that of the patient, and were it not for the excellent results obtained in some cases after several months of experimenting and treatment, both patient and oculist would often give up in disgust.

In other cases however the detection of the heterophoria is easy and the results as brilliant as can be desired.

I will with your permission show you some of the methods used for the detection and measurement of heterophoria and exemplify it on anyone who wishes to be tested.

Remember however that the result that I may obtain to-night cannot be considered as final and from three to a great many reexaminations may be necessary to arrive at a final result.

(Demonstration followed.)

In testing for heterophoria we must try to overcome the tendency of the patient to secure binocular vision and this we do in differnt ways, as for example by holding a colored glass before one eye, or by using a Maddox rod or again by placing a prism before one eye which prism must be strong enough to cause diploplia.

There are a great many more tests which can be used for the same purpose and as many different tests as possible should be used before an absolute diagnosis is made.

We measure heterophoria generally by indicating the prism which is sufficient to correct it.

As to the treatment of the heterophoria only a few words, as I have taken up your time for too long a period already. Shortening the long muscles by the operation of advancement or lengthening the short muscle by means of a tenotomy. Stretching of the short muscle or muscles, massage, correction of the heterophoria by means of prisms and orthoptic treatment are some of the methods that may be used, the one with prism being the most common.

154 East 30th street, New York City.

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## SPECIFIC MEDICATION.

By H. J. Birkenhauer, M. D.

Mr. Chairman and fellow members of the New York Specific Medication Club:

This club has now been in existence almost five years, during which time many good papers have been read, but not one which has really given a clear or lucid idea of this subject, or the essentials that are really necessary for a proper and successful practice of the same. This is the reason I bring before you this evening this paper, in which I endeavor to place before you a few thoughts that occur to me on the matter, which I hope will interest you sufficiently to provoke discussion, and investigation of this subject.

The opponents of this method of practice claim that it is unscientific, and that it encourages ignorance of those subjects in which a physician should be well versed, namely, Pathology, Physiology, Anatomy, Materia Medica, etc. Gentlemen and ladies this idea is erronious and very much so, for it is only the competent diagnostitian, and careful and studious clinician, who makes a good and successful Specific Medicationist, as you will very readily see with but a few moments consideration.

It is admitted that Specific Medication is still in its infancy, and far from perfection; there are still many drugs for which as yet no positive or specific indications have been found; but those remedies for which the specific indications are known and they

are not so few; no physician who has had the experience can deny their potency.

For these remedies for which the indications are known, how were they determined by the men who gave them, they must have had some knowledge, the indications were not all discovered by chance; let us then consider what knowledge these men must have had. In the first place they must have had a knowledge of anatomy, in order to know what structures entered into the make up of a normal human body. Secondly they must have had a knowledge of physiology, so as to know the conditions of the organs, and secretions, and their actions in health, in fact all about the body in health otherwise how could they determine that any part of the body was healthy or normal, but diseased. Thirdly, they must have a knowledge of Pathology, else how could they determine in what manner the organ or part of the body was diseased, and what manner of remedy would be required to bring it to a physiological or normal state. Fourth, they must have had a thorough knowledge of Materia Medica, the physiological action of drugs know whether they were stimulants or sedatives, diuretics or diaphoretics, or what their action, was, in order to determine to what pathological condition or conditions it might be applied.

The opposition will again say, well we will admit that the founders of this system of therapeutics had the knowledge you claim for them; they gave you the Specific Indications, so of what use is it to the present generation to burden themselves with the further study of Anatomy, Physiology, Pathology, Materia Medica, etc. What is to hinder them from taking their list of specific indications and going in to practice therewith?

There are those who do this very thing, but they are a very small minority, and a very unsuccessful minority. And why? Simply because through lack of knowledge, they cannot recognize many minute differences in symptoms that appear very similar, but on careful investigation have a slight dissimilarity; and it is the minute details that count.

Take in any school of medicine immaterial of what the pathy or ism, you will not find the successful men among those who take for granted everything that is told them and follow suggestions parrot like; but you will find the successful men among those who take the suggestions and hints from their fellows; possess sufficient knowledge to investigate and do investigate the subject, and after having corroborated to their own satisfaction the truth of the statement made, make use of it for the benefit of mankind.

Then again what about the large number of drugs, for which as yet, no specific indications are given; many of them may be worthless as specifics, but some of them may be of inestimable value. A large field for investigation still lays before us, and it is being added to, day by day. Do the advances of the last few years in medicine seem to indicate that physicians are willing to recede instead of advancing in knowledge? Why, in the papers, read before this body, on remedies, and in the discussions of same, indications for remedies have been given that were new to many of us. It took years of careful clinical observation to prove these indications.

I do not believe that any physician, male or female, of average intelligence, will use any remedy without personal investigation because somebody else says it is good. A true Specific Medicationist will reason out how a remedy acts, and why it will act, when a certain indication is present, and how and why the indication or symptom is produced.

In the practice of Specific Medication, several facts must be borne in mind, vis:

That each drug has a special selective affinity for certain tissues and parts of tissues or cells.

That under like circumstances, like pathological conditions will always give the same external manifestations or symptoms.

That in Specific Medication we do not treat the disease by name on a stereotyped

plan, but treat the pathological conditions present, which we recognize by their external signs or indications, with such a remedy or remedies, as clinical experience has positively proven to relieve such pathological conditions.

New York City.

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## THE NEW SIGMOID ELECTRODE AND ITS APPLICATION IN DISEASE.

By M. B. Pearlstien, M. D.

[Read at the meeting of the Eclectic Medical Society of the State of New York, 1901.]

Of late years, the use of electricity has attracted a great deal of attention among general practitioners and specialists.

At present we cannot give a true definition of electricity, we know many of the laws regarding its application, and the results obtained. Electricity has a variety of actions, depending on the method of application used—and all are derived from three different and defined currents, viz: Galvanic (also cautery) Faradic and Static. The following numerous actions we can obtain from the above named currents:

Liquifying, Coagulating, Absorbent, Stimulating, Sedative, Anti-spasmodic, Tonic Alterative, Promoter of Development, Vesicant, Counter Irritant, Chemical Cautery and Haemostatic. We also use medicated and cataphoric electrolysis.

Having described the different actions obtainable, I will briefly consider three essential things that are necessary to study and be familiar with.

1. The anatomical structural change.
2. The quality of a current and electrodes used.

And last but not least, the resisting power of the human body and the density of a current. I will also mention several types of patients that are very much benefited or cured by means of electric treatments.

1. Neurasthenic affection.
2. Disorder of the digestive organs and alimentary canal.
3. Morbid or diseased conditions of the pelvic organs.
4. Benign or malignant growths and tumors.
5. Gout, rheumatism, etc., etc.

Of all our office patients and of those mentioned above, my experience teaches me that a majority of them suffer either with disorder of the digestive organs and alimentary canal or diseased condition of the pelvic organs or both—and it is in these cases where electricity is always indicated.

A very important factor in Electro-Therapeutics is to employ the right kind of an electrode, as our results depend greatly upon the proper adjustment of both battery and electrodes. The electrode I desire to place before the medical profession is one of the utmost value in Prolaps and Catarrh of the Sigmoid, Prolapsus ani, Internal Hemorrhoids, Proctitis and Periproctitis Prostatitis and Hyperthrophy of the prostate gland, habitual constipation due to any one of the above conditions, also in all irritable state of the rectum and anus. The electrode is made from light aluminum tubing, its thickness, length and shape is so constructed that it will pass through the diseased or irritable rectum into and up through the sigmoidal fossa with comparative ease.

Its length is 7 3-4 inches, its thickness 5-8 of an inch and it weighs 1 1-4 ounces (with handle 2 1-2 ounce). It is free from any insulation or covering, therefore coming directly in contact with the diseased parts. The handle which is attached to the electrode by means of a thread, can be detached and the electrode sterilized as often as desired.

I will briefly describe the methods I use in treating the different affections of the rectum and anus already mentioned.

The battery used in these pathological states is a dry cell faradic battery, except for stricture of the rectum, when the Galvanic battery is indicated.

First lay your patient on either side with knees drawn up. The sigmoid electrode

must be made warm, annoint same with vaseline or lard, then wet sponge electrode with hot water.

Introduce the electrode slowly and gently into the rectum, follow the course to the sigmoid and through it. Having done that, attach the battery cords to both sigmoid and sponge electrodes, placing the latter over the lower sacral region.

Now turn on a mild current and gradually increase to the strength the patient will bear.

Move the sponge electrode around and about the sacral and coccygeal regions from 5 to 10 minutes, then place same anteriorly over the lower part of the abdomen and move to the left, where you want to apply massage, moving your sponge to and fro, the same length of time as you did posteriorly.

In placing and moving the sponge electrode over the parts described, we produce our medicinal action upon the nerves (cerebro-spinal and sympathetic) supplying the diseased parts. It is, therefore, very important that the directions as to the application of the sponge electrode should be followed.

Many practitioners prefer a plate to the sponge electrode, but I find the former inconvenient.

You cannot move it around and massage with it as you can with the sponge electrode.

In Prostatitis and Hyperthophy of the Prostate, use the sigmoid electrode in the same manner as heretofore described and place the sponge electrode over the perineum for about 10 minutes, then placing same over the bladder, keeping it there the same length of time.

It is sometimes necessary to use a urethral electrode per urethra instead of the sponge, but as a rule the latter will answer the purpose. For stricture of the rectum, the electrolytic (Galvanic) method is of the utmost value and is safe.

Should you experience any difficulty in introducing the sigmoid electrode, inject with syringe, through a blunt pointed nozzle into the rectum, about 10 minims of Fl. Ex. Lobelia and within about 5 minutes, if the electrode be well warmed, you will be able to introduce same with comparative ease.

Attach the cords in the same manner as already described, applying per rectum the negative pole of a Galvanic battery.

Use from 5 to 20 milli-amperes for about 10 minutes at a sitting. Where you employ rectal electricity treat your patients two or three times a week and if necessary oftener.

Having described the application of electricity in diseases we so much come in contact with, there is still one more thing, a very important factor in all rectal irritations—and that is rectal dilatation.

When used alternately with electricity, the results we obtain are marvelous.

We must dilate the sphincters moderately, using two sizes, 10 minutes each to a sitting, otherwise the reaction will cause more irritation and as a result will do more harm than good.

The dilators, like the sigmoid electrode, should be well warmed before they are used.

The patient may obtain a set of dilators (steel, aluminum or hard rubber) from any surgical instrument establishment and use them himself before retiring.

They produce a soothing or sedative effect upon the general nervous system and thus induce rest and sleep.

The Electrode Used in "Subinvolution."

Arrested involution of the Post Parturient uterus, whether due to inertia, idiopathic or traumatic infections is more successful and quickly treated by electricity than by any other means at our disposal.

Sanguineous discharges, continuing beyond the normal periods of their appearance may be controlled by from 3 to 5 treatments.

In both cases, we use the faradic current, beginning mild and gradually increase same.

The sigmoid electrode is just the size and shape for the use in these conditions. It

can be sterilized at ease and used as often as indicated.

547 Madison street, Brooklyn, N. Y.

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## SALVIA OFFICINALIS.

By O. H. Rohde, M. D.

Sage—also known as Garden Sage. Natural order Labiatae. A native of southern Europe and of perennial growth. It is cultivated here in gardens for its strong fragrant odor. The leaves only are used. Being a household plant, it is used in cooking. Tannin, resin and a valotile oil consisting of salviae are found in the leaves. It is an old remedy. It was greatly in use and favor for a long time, as a general and household medicant, but like many humble plants has been discarded for more "efficient" remedies, shall we say, and now, is little thought of. It is of value to medication that closer attention be given to some of these plants, to enhance their values, and apply tests of the day. This has been done in many instances, with benefit in many ailments. Ellingwood makes no mention of this, and it is only lightly touched on by other writers. Potter and Shoemaker give it notice, with dosage and therapeutics. Some of the conservative manufacturing chemistsmake a good article, notably Sharp and Dohme and Parke, Davis & Co., which answers every purpose. The dose of pressed leaves is half ounce ℥ ss. to the pint of Fld. Ext. ℥ iv to the pint. Usual dose Fld. Extract ℥ ss. to ℥ i.

The properties possessed by the leaves are many. We find the plant a stimulant aromatic, tonic, astringent, diaphoretic, antipyretic, also useful in flatulency and in fevers, and has some effect in enteralgia. Its uses therefore are many being efficient in throat disorders as an astringent gargle given in an infusion or in combination with other remedies. It can thus be used as an injection for urethretis or vesicle catarrh. In fever cases, notable in phthisis pulmonalis, an infusion is found of value to check excessive sweating—either those of night or persistent locally.

It is useful also as an astringent wash for the nose and for many simple washes where a direct, clean, healthful astringent effect is needed. A good combination for an efficient gargle is as follows.

℞.

Fld. Ext. Sage.....℥ i
Syrup or Honey
Salt
Vinegar
Tinct. Capsicum
A A. 1 tablespoonful.
$H^2$, O Bull.—O ii Misce.

This can be given direct as an astringent gargle in throat disorders, or reduced by adding a little more hot water to suit condition and age of patient.

In catarrhal conditions of the kidneys, producing muddy, catarrhal deposits in the urine, it will aid agrimony by its tonic effect on the stomach and bowels. It also aids calendula geranium and hydrastis, or alone as a light tea is suitable in many conditions of simple fever.

Sage therefore has value, would it not be well to test it again? Many new properties are often discovered in a plant of virtues previously unknown. We are dazzled at the present day by so many coal tar preparations cure alls of course, in every instance; that it is really an act of wisdom to re-examine our humble plants and use the life giving properties found so effective by our fathers in eclecticism; by holding more to fluid extracts of plants, we would use tablets less and render better service to our patients, thus restoring the system much quicker to its normal condition. I trust many papers will follow on the use and value of some simple plant and that rational and simple medication be upheld in its simplicity and effect.

Brooklyn, N. Y.

# THE TONGUE AS A GUIDE IN MEDICATION.

By W. L. Heeve, M. D.

In most all diseased conditions of the stomach and intestines the tongue stands out prominent and guides us to our remedies. An examination of the tongue allows us to differentiate our remedies.

Who would give quinine in malaria, with a dirty yellowish coated tongue, or give nux, with a pointed red tongue with prominent papillae? In the former absorption is below par and we need house cleaning, in the latter we have excessive nerve tension and we need a nerve sedative.

Take a case of diarrhoea with stools pasty, yellowish and having a sour smell, everything about the child smells sour, tongue elongated, pointed with tip and edges red, a slight white coating on base, rhubarb is all that we need, no astringents, no opium.

Another case of diarrhoea having a dirty broad tongue with a thick yellow coating on base, foul breath, offensive evacuations, would we give this case astringents or opium, not if we examine the tongue, for it will inform us that it needs a scavenger like podophyllin 2-x in five or ten grain doses, and so on we may state many conditions where the tongue will guide us right to the point and allow us to cure as nature would have us cure.

Now let us take a case of diarrhoea about two weeks standing, where the evacuations are watery, slightly painful, then we look at the tongue and see a dry red tongue, clean and the skin is dry, let us give this case geranium or epilobium and I am certain it will cure.

We will take a case having a temperature of 103°, sharp stroke of pulse, frontal headache, restlessness, flushed face, delirium, eyes red and burning, it may indicate gelseminum, bryonia, or rhus, we now examine the tongue and see a narrow, pointed, red tip and edges, with elongated prominent papillae, this clears our indication and selects rhus, we give it in small doses and our symptoms disappear, whether it is measles, erysipelas, scarlet fever or simply migraine, all we care to know for the present is, that we have an excessive high rate of nerve tension and it must be checked at once.

A case of sepsis having high temperature recurring chills, stupor, high pulse, muttering delirium, broad pallid tongue, dirty, pasty exudations of a grayish white color, cadavor like odor to breath, this indicates sodium sulphite, if the tongue had a dusky discoloration dry and sordes, with a brownish coating at the base, baptisia would be our drug, or if the tongue was intensely red and sordes with a pointed tip, hydrochloric acid would cure.

The next case is just as simple and easy, it has a constipation and diarrhoea alternately, colicky pains terminating at or around the umbilicus, looks pale, feels weak and shaky when on his legs, and has a pinched look about his face with yellowish circles about mouth, the tongue is broad and pallid, very pale, slightly moist, teeth marks about edges and it hesitates when called to protrude. What is the trouble here? The sympathetic is on the strike and below par, it tries to work but it exhausts itself in the attempt and needs nux in small doses often repeated.

Still another, this is a society lady who is accustomed to eat late dinners and smokes cigarettes and hits the bottle a heavy blow occasionally, she complains of nausea and vomiting upon arising from bed, we examine the tongue and find that it is contracted, elongated with reddened edges and white line down the centre, give her ipecac and all is well until the next dinner with the bottle and a few dollars for the doctor's bottle. If the above case had a dry burning tongue, red well defined streak down the centre, pointed tip and burning at pit of stomach, arsenic 3-x in five grain doses would be the indicated remedy, or if this same case would present an elongated pointed clean tongue, red tip and edges, with gastric tenderness, amygdalus or de-

coction of peach (leaves and twigs) is indicated.

I have but five more and they are as follows:

Apis: Edematous swelling with stinging and burning sensations of tongue.

Ac. Nitric: An epidemic remedy, indicated by a purple or violet tinge of the tongue and mucous membranes, sometimes specific in pertussis.

Hydrastis: Thick, tenacious mucous adhering to base of tongue with a yellowish streak down the centre.

Tr. Iodine: Pale, narrow tongue with slight coating and lifeless tip, with a mucous diarrhoea.

Potass. Bichrom: Tenacious stringy mucous adhering to base with sensation as if a hair was on the tongue.

This paper I hope will stimulate a careful study of the tongue in disease, as it is our sheet anchor in "specific therapeutics" and often will tell the indicated remedy at a glance.

We should be duty bound to our patients to study their cases from head to feet, find the cause of the diseased condition and eradicate it by gentle medication, not break and battle against nature, but aid her, find her weak point, strengthen her resisting powers against disease and promote a rapid recovery.

It was the cardinal principle of our fathers of eclecticism to reject all remedies and means which endanger and impair life, they were the true, hearty, honorable men and we are their legitimate successors, let us not turn from that golden path, let us not allow traitors to induce us to go after strange gods, but follow in the footsteps of our noble God fearing fathers, who believed to the death if need be. Their voices are now stilled, their battle has been fought, they were not soldiers of fortune, but their paths were thorny, they sacrificed wealth for the love of the cause, they have laid the solid foundation of eclecticism and we are to complete the upper structure, let it be solid in facts and a monument to our fathers, who believed in rational medicine.

In my closing remarks I wish to recal the fact that any old fluid extract or tincture will not do, if we practice rationa medicine we must use pure standard medicines and no better extracts can be recommended than Lloyd's specifics, they are the life work of our friend and masterly scholar Prof. Lloyd.

302 Summer Ave., Brooklyn.

## DEPARTMENT OF
# SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

When a child is restless and cries out in its sleep give it rhus toxicodendron.

In the summer complaints of children, as in all other cases, the specifically indicated remedy is the best remedy. Keep your indications fresh in mind.

A dose of mild physic—calcined magnesia or olive oil—has frequently saved the life of a child wrestling with cholera infantum. It removes the milk curds and other decomposing things from the alimentary canal.

In diarrhoea of children don't make the mistake of thinking that checking the discharge is the same thing as curing the disease. Opium has many times locked up the secretions, and sent the little patient to —heaven.

Give the thirsty patient a plenty of pure cold water, little at a time and at frequent intervals. Nature demands it. Also wet the head often with aconite and water—one drachm of the former to eight ounces of the latter—and fan it constantly to keep it cool.

In dysentery if there is much straining

and pain, (as there usually is) add from two to five drops of tincture of opium to four drachms of starch water and inject the mixture into the rectum. Repeat this every three hours if an evacuation of the bowels has occurred during that time.

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It is not always possible to be exactly clear (name-wise) in the diagnosis of every case at the first visit, but if your indications for remedies are well in hand some prominent symptom—disease expression—will enable you to prescribe intelligently, and without delay. When the case is more fully developed the diagnosis can be completed.

---

In debiliated states of the female organs of generation Tiger Lily (Lilium Tigrinum) exerts a tonic influence obtained from but few other remedies. Amenorrhoea accompanied by burning pain in the ovaries, neuralgic pain in the uterus and ovaries, extending down inside of the thighs, with a sense of weight and bearing down in the lower abdomen, urgently calls for the exhibition of this medicament. Congestion and engorgement of the uterus or ovaries also come within the range of its curative power.

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## POTASSII PHOSPHAS—KALI PHOSPHORICUM.

*Common Names.*— Phosphate of Potash, Potassium Phosphate.

*Description.*— Potassium phosphate may be prepared by a process in which aqueous phosphoric acid and hydrate or carbonate of potash are employed. It is deliquescent and freely soluble in water. The preparation here referred to is the salt triturated with sugar of milk.

*Usual Prescription.*— ℞. Kali Phos., 3 x, gr. xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.*— Despondency and nervous dread, without cause; brain-fag from overwork; delirium tremens; vertigo and giddiness from nervous exhaustion and weakness; pain and weight in the back of the head, with feeling of exhaustion; discharge of foul, offensive pus from the ears; loss of power in facial muscles; tongue white and slimy; edges of tongue red and sore; predisposition to bleeding of the gums; tonsils large and sore, with solid deposits on them; hoarseness and loss of voice; flatulence with distress about the heart; diarrhoea when the stools are putrid, or like rice-water; putrid and typhoid dysentery; paretic condition of rectum and colon; menses premature and profuse in nervous females; menses irregular, scanty, offensive and very dark; hysteria with sensation of a ball rising in the throat; paretic conditions of the bladder and incontinuence of urine from paralysis of the sphincter of the bladder; yellow urine; functional wrongs of the heart, accompanied by a weak, nervous and anxious state, and when the pulse is intermittent, irregular and below normal; palpitation of the heart, with sleeplessness and restlessness; infantile paralysis; walking in sleep in children; fetid debilatating profuse perspiration; typhoid conditions, especially when the tongue is brown and dry, and there is delirium; putrid conditions of the throat, especially in scarlet fever; general debility and exhaustion; dirty, foul, ichorous discharges of pus.

This is an excellent remedy in the various states usually known as neuraesthenia, and in conditions arising from lack of nerve power, such as phostration, depression and loss of mental vigor, it is especially indicated.

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## POTASSII SULPHAS—KALI SULPHURICUM.

*Common Names.*— Sulphate of Potash, Potassium Sulphate.

*Description.*— Sulphate of potash occurs native, and may be made by a process in which sulphuric acid and caustic potash are employed. The crystals are freely soluble in water, but insoluble in alcohol.

The preparation here referred to is a trituration of the pure sulphate of potash with sugar of milk.

*Usual Prescription.*— ℞. Kali Sul., 3 x, gr. xx, water, ʒ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.*— Yellow, slimy coating on the tongue; yellow mucous discharges; colds with yellow slimy expectoration, and yellow or greenish discharges from the nose; chronic catarrh with yellowish secretion; jaundice from gastro-duodenal catarrh; diarrhoea when the discharge is yellow, slimy, watery and purulent; leucorrhoea when the discharge is yellow, greenish and slimy; menses tardy and scanty, with a feeling of weight and fulness in the abdomen and a yellowish coating on the tongue; bronchial asthma with yellow expectoration; bronchitis when the expectoration is distinctly yellow, greenish, slimy or watery and profuse; catarrhal cough, with free yellowish expectoration; intermittent fever, with yellow, slimy coated tongue; eczema when the discharge is yellow, greenish and watery; burning or itching papular eruption; tuberculous ulcers, with a continuous oozing of yellow pus and lymph.

This remedy is especially indicated whenever a yellow coating on the tongue, or a yellow, slimy, or greenish discharge from any mucous surface constitute prominent features of the condition.

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## SILICEA.

*Common Names.*— Silicic Oxide, Pure Flint or Quartz.

*Description.*— Silicea is prepared by a process in which Silica and carbonate of sodium are employed. It is a white powder having neither taste nor smell.

*Usual Prescription.*— ℞. Silicea, 3 x, gr. xx, water, ʒ iv. M. Sig. Dose one teaspoonful every hour to every three hours.

*Indications.*— Cystic tumors around the eyes; styes; suppurating wounds; nasal catarrh; ozena, with fetid offensive discharge; ulcerations producing acrid, corroding discharge; pale earthy complexion; difficult dentition; chronic dyspepsia, with acid eructations and heartburn; diarrhoea with cadaverous odor; urine loaded with pus and mucus; profuse acrid leucorrhoea; lumps in mammae, with tendency to suppuration; copious expectoration of thick yellowish-green pus; caries of bone; ulcers, boils, carbuncles, felons and malignant pustules; scrofulous eruptions; enlarged and suppurating glands, especially cervical glands.

This is an indicated remedy in all conditions attended with pus formation in any part of the connective tissue or skin.

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## SODII CHLORIDUM — NATRUM MURIATICUM.

*Common Names.* — Chloride of Sodium, Common Salt, Table Salt.

*Description.*— Sodium chloride occurs abundantly in nature. It crystallizes from aqueous solutions in colorless cubes. It is soluble in three parts of water, but insoluble in alcohol. The preparation here referred to is the chloride of sodium triturated with sugar of milk.

*Usual Prescription.* — ℞. Natrum Mur., 3 x, gr. xx, water, ʒ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.* — Chronic nasal and pharyngeal catarrhs with loss of smell and taste; coryza with clear, watery discharge, or alternating with dry coryza, with loss of smell and taste; tongue broad, pallid or puffy, with a pasty or slimy coating; follicular catarrh of the pharynx; sensitive, easily bleeding, ulcerated gums; sore throat with transparent mucus covering the tonsils; glandular swellings; indigestion with vomiting of clear, frothy water or stringy saliva; menses profuse, with slimy corroding leucorrhoea, and watery irritating discharge after or between periods; pleurisy when serious exudation has taken place; chronic rheumatism of the joints; paretic weakness in the various muscular groups of

the trunk and limbs; restlessness and twitching of muscles; profuse night sweats; blisters, blebs and watery vesicles on the skin; colorless watery vesicles forming into thin scabs or crusts; dropsy or dropsical swellings and puffiness of the tissues; serous exudations and serous secretions; catarrhs of all mucous surfaces; increased watery condition of any part of the body; hydrocephalus.

This agent exerts a direct action upon the blood, lymphatic system, the mucous lining of the digestive tract and upon the liver and spleen. It promotes the activity of tissue change. In chronic scrofulous conditions affecting the glands, bowels and skin it is an efficient remedy.

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## SODII PHOSPHAS—NATRUM PHOSPHORICUM.

*Common Name.*— Phosphate of Soda.

*Description.*— Phosphate of soda may be made from boneash, and in other ways. It occurs in large crystals, has a mild, cooling, saline taste, and is freely soluble in water. The preparation here referred to is the pure phosphate of soda triturated with sugar of milk.

*Usual Prescription.* — ℞. Natrum Phos., 3 x, gr. xx, water, ℥ iv. M. Sig. Dose one teasponful every half hour to every two hours.

*Indications.*— Moist, creamy or golden-yellow coating at the back of the tongue; sour eructations and sour vomiting; greenish diarrhoea; giddiness and vertigo, with gastric derangements; vomiting of a dark substance like coffee grounds; dyspepsia with sour eructations and characteristic appearance of the tongue; flatulence with sour rising; diarrhoea caused by excess of acidity, with sour smelling stools, containing jelly-like masses of mucus; intestinal, long or thread worms, with characteristic symptoms of acidity, or picking of the nose; yellow exudations and secretions.

This remedy is always indicated when there is a moist, creamy or golden-yellow coating on the tongue, regardless of the name of the disease. In some cases this characteristic coating is found on the soft palate, tonsils and uvula, and in such cases it constitutes an equally urgent call for the exhibition of the medicament.

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## SODII SULPHAS—NATRUM SULPHURICUM.

*Common Names.* — Sulphate of Soda, Glauber's Salt.

*Description.*— Sulphate of soda occurs abundantly in nature (as in sea water, saline springs and salt lakes) and may be made by a process in which sulphuric acid and common salt are employed. It forms in colorless crystals, having a bitter saline taste. They melt in their own water of crystallization. The preparation here referred to is the pure sulphate of sodium triturated with sugar of milk.

*Usual Prescription.*— ℞. Natrum Sul., 3 x, gr. xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every two hours.

*Indications.* — Dirty greenish-gray or greenish-brown coating on the root of the tongue; violent pulsating headache, worse on top of the head; sick headache, with bilious diarrhoea or vomiting of bile and colicky pain; sallow or jaundiced appearance of the face; bitter taste and thick tenacious slime in the mouth; pharyngeal catarrh, with profuse, thick, tenacious discharge; lithic deposits in the urine; brick-dust like coloring matter in the urine; excessive secretion of urine, especially if diabetic; pus and mucus in the urine; menses profuse, acrid and corrosive; cough, with thick, ropy, greenish, pus-like expectoration; eruptions containing yellow, watery, secretion; oedematous inflammations of the skin; jaundiced skin.

In all conditions characterized by a dirty greenish-gray or greenish-brown coating on the root of the tongue this agent exerts an influence which is decidedly curative in its direction.

## NITROGLYCERINUM.

*Common Names.* — Nitroglycerin, Glonoin.

*Description.*— Nitroglycerin is formed as the result of heating Glycerin with strong Nitric Acid. It is a colorless oily liquid, and one of the most dangerous explosives. When mixed with sand it forms dynamite. It is insoluble in water, but soluble in Alcohol. A solution for medical use if made by adding one part of Nitroglycerin to ninety-nine parts of Alcohol. This constitutes a one-per-cent. solution.

*Dose.*— One-per-cent. Solution, 1-4 to 1 drop. It may be used in tablet form.

*Usual Prescription.*—℞. Nitroglycerin (one per cent. Solution), gtt. x to xxx; water, ℥ iv. M. Sig. Dose, one teaspoonful every hour or two.

*Indications.* —Throbbing of carotid and temporal arteries; feeling of fullness and pressure in the head, made worse by jarring, stooping, or heat, as from the sun; sunstroke, neuralgia of the heart, when there is extreme atony.

Nitroglycerin is an emergency remedy which every physician should keep constantly ready for use. In many cases the speedy use of this agent in sudden heart falure will save life, when without it death would be inevitable. In sunstroke it is the first remedy to be used. In low forms of fevers a small amount of the solution may be added to the other indicated remedies, and will sustain the vital powers of the patient much better than any alcoholic stimulants. In angina pectoris, bronchial, nervous, or uraemic asthma, and in chronic nephritis it is also an efficient remedy.

Nitroglycerin is stimulant.—Fyfe's Materia Medica and Therapeutics.

## ILLINOIS STATE MEETING.

Thirty-third annual meeting of the Illinois Eclectic Medical Society was held in the Green room of the Auditorium Hotel Annex, Chicago, Wednesday and Thursday, May 8th and 9th. This was one of the most interesting meetings in the history of the society and W. E. Kinnett, who has been secretary of the society for many years, is to be congratulated. He knows how to arrange a program and make a meeting a success.

The clinics held by the Eclectic staff of Cook county hospital on Wednesday afternoon, May 8th, proved to be a drawing card and were enjoyed by all present.

The following were the officers who officiated at this meeting:

President, J. B. Davis, M. D.

First Vice-President, E. G. Trowbridge, M. D.

Second Vice-President, R. M. Tafel, M. D.

Recording Secretary, W. E. Kinnett, M. D.

Corresponding Secretary, J. W. Rust, M. D.

Treasurer, J. B. Matthew, M. D.

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## NEBRASKA STATE ECLECTIC MEDICAL SOCIETY.

The annual meeting of the society was held in the lecture room of the Lincoln Medical College, No. 121 South 14th St., on May 7th and 8th. A very interesting program, which opened with an address of welcome by the Rev. W. P. Aylsworth, president of Cotner University, and was followed by fourteen sections was the elaborate work of this meeting. These sections were Materia Medica and Therapeutics Practice, Obstetrics and Gynaecology, Microscopy, Chemistry and Pharmacy, Legislation, Anatomy, Electricity, Disease of Children, Opthalmology, Medi-

cal Dentistry, Climatology and Mineral Springs, Surgery Clinics.

The following are the officers to whom the success of the meeting was due:

President, F. L. Welmeth, M. D.

First Vice-President, M. B. Ketchum, M. D.

Second Vice-President, C. Pickett, M. D.

Secretary-Treasurer, W. N. Ramey, M. D.

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## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the society was held in the assembly rooms at 239 E. 14th street, on Thursday evening, April 18th, Dr. F. L. Morhard, vice-president, in the chair and Dr. H. J. Doll, recording.

Dr. M. B. Pearlstien of the Kings County Eclectic Medical Society read a very interesting and instructive paper entitled: "A New Sigmoid Electrode." The paper was discussed by Drs. Boskowitz, Krausi, Waite and Thompson.

Dr. Boskowitz in his discussion, by way of digression, enlarged on the value of the Galvanic electric current as the most efficient haemostatic in a case of uterine hemorrhage due to fibro-cystic tumor, when all remedial resources, after repeated trials had failed.

Dr. Waite insisted that practitioners, when employing the electric current, know what they are about. He related a case in point where a doctor, using the Galvanic current to prevent hemorrhage from the uterus, applied the negative electrode with the natural consequence of the patient's death.

This, on account of the doctor's ignorance of the physiological actions of the two poles.

A vote of thanks was extended Dr. Pearlstien for his excellent paper.

Dr. Ovid A. Hyde then read a paper on "Endocarditis," dwelling on the etiology, pathology and symptomatology of the disease, with a synopsis of the various remedies employed in this condition.

The paper was discussed by Dr. Krausi.

A vote of thanks was tendered the doctor for his admirable paper.

Dr. Krausi reported a case of epithelioma of the lip, in which he noticed a most satisfying result from the local application of a mixture of:

℞.

Kali Iodidi.....℥ ss.
Aquae Distill.....℥ ss.
Tinct. Iodin. (colorless).....℥i

A vote of thanks was extended the doctor for his valuable information.

The treasurer, Dr. Thompson, read the financial standing of the society in his annual report.

About twenty-five members answered the roll call.

H. J. DOLL, M. D.,
Secretary.

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## NEW YORK SPECIFIC MEDICATION CLUB.

The meeting of the New York Specific Medication Club was held April 11, 1901, Dr. Wm. J. Krausi, presided.

Papers were read by Dr. W. L. Heeve on "Tongue Indications," and by Dr. H. J. Birkenhauer on "Specific Medication." Both papers were thoroughly discussed. The attendance was large.

Dr. M. B. Pearlstein will preside at the next meeting which will be held May 8, 1901.

H. J. BIRKENHAUER, M. D.,
Secretary.

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## UNVEILING OF THE KING MONUMENT.

The King Monument committee desires to announce that the unveiling of the monument marking the last resting place of the late Prof. John King, will take place with appropriate ceremonies, at Cleves, near Cincinnati, Sunday, June 16, 1901. The committee requests that the president of each State Society appoint one or more

members who will consent to attend the unveiling as a special representative of their Society. The headquarters of visiting physicians will be the Grand Hotel, opposite the Grand Central depot. All of the visiting physicians can then continue their journey to Chattanooga on the Monday following by a daylight trip over the Cincinnati Southern railway.

Signed,

J. K. SCUDDER, M. D., Chairman,
1009 Plum St., Cincinnati, O.
G. W. BOSKOWITZ, M. D.,
E. J. FARNUM, M. D.,
D. MACLEAN, M. D.,
Committee.

## THE NATIONAL AT CHATTANOOGA.

We are glad to announce that we have made arrangements for a splendid trip to the Chattanooga meeting of the "National."

The monotony of the land journey will be broken by the delightful sail from New York to Norfolk by means of the commodious and staunch steamer of the Old Dominion line.

Arriving at Norfolk the picturesque route —the Norfolk & Western Railway Co.— will offer a constant panorama of lovliness between that point and Chattanooga.

We shall leave New York Saturday, June 15th, at 3 p. m., arriving at Norfolk early in the forenoon of the next day.

As the train from Chattanooga does not leave until 7:30 p. m. the delay will afford an opportunity to visit the famous sea resorts nearby, viz: Ocean View and Virginia Beach.

Fare for the round trip has been placed at the low figure of $32, which includes berth and meals on the steamer.

## ITEMS.

Dr. A. F. Frech, vice-president of the Eclectic Medical College of the City of New York, is at present Grand Master of the Odd Fellows of this state.

Dr. W. J. Krausi has removed from 921 Putnum avenue, Brooklyn, to 140 East 16th street, New York City.

The King of Barren Island is now located at 302 Sumner avenue, Brooklyn.

Dr. C. L. Wakeman has removed from Locke to East Branch, New York.

Will the members of the New York State Society please send word to the corresponding secretary if they favor a meeting at the Pan-American Exposition in September.

The popular Brooklynite, Dr. H. Stoesser, has been elected vice-president of the State Society.

The plan for new college proposed at the Alumni seemed to meet with universal approval.

Bennett College of Chicago and E. M. C. of New York held commencement on May 7th. There was a pleasant exchange of greetings.

Get ready for National at Chattanooga. It promises to be an interesting meeting.

There was a fine delegation from Massachusetts at commencement and we are thankful for the interest they display in the school.

Prof. H. C. Hinds looked as natural as ever at the secretary's desk on alumni day.

The Beachonian Society's dinner at the St. Denis after commencement was a great success. The young people may well feel proud of their efforts.

On Tuesday, April 9th, the Eclectic Medical Institute, Cincinnati, held its commencement and 27 graduated.

In writing advertisers for samples or catalogue, kindly mention the Eclectic Review.

The subscription price for the Review is one dollar a year.

Dr. G. L. Tinker in the Medical Gleaner highly recommends the use of the crushed ice poultice in hyper pyrexia applied over the abdomen and head.

The Journal of Medicine and Science reports from Dr. Janorsky seventy-two cases of anthrax cured by local injection of carbolic acid.

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OVER 106

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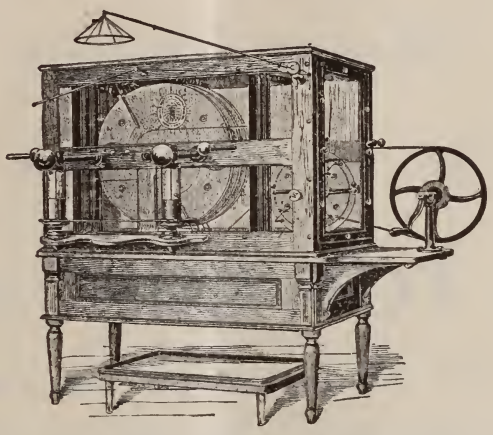

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# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. IV. NEW YORK, JUNE 15, 1901. No. 6

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SELECTIONS. ITEMS.

## ACTIVITY.

It is with pleasure that we notice the great activity among Eclectics. The Eclectic Medical Institute of Cincinnati is to build an amphitheatre and operating room in connection with the Seton hospital, and the class privileges of this hospital will be for the classes of the institute exclusively—the operations being performed by the college staff.

Dr. W. M. Durham of Atlanta, Georgia, at the meeting of the Georgia State Eclectic Medical Society proposed the building of an Eclectic hospital in Atlanta in close proximity to the Georgia College of Eclectic Medicine and Surgery. The State Society endorsed the proposition and sufficient funds were contributed to start the enterprise and they expect to have the hospital completed by the first of October.

At our own Alumni meeting on the seventh of May the dean proposed a plan for a new up to date college building, the success of which is assured as one-half the amount needed was subscribed at the meeting. May this activity continue until the proudest hope of the enthusiastic Eclectic is realized.

## COLLEGE COMMENCEMENT.

The fortieth commencement of the Eclectic Medical College of the City of New York was held on the evening of May 7th at Carnegie Lyceum, 57th street and Seventh avenue. The auditorium was crowded with friends of the institution and of the graduates, who numbered twelve, and were Mrs. Anne W. Bloomer, John M. Crane, Herman Dincin, Miss Theodosia S. Fowler, Jacob Glass, H. Whitmill Graves, Miss Winifred Heimbecker, Armin Nettle, Oscar A. Spier, Robert Wiener and Meyer Wolff.

The program included besides instrumental music an invocation by the Rev. Doctor Wyatt Hannath. Report of the faculty by Dean G. W. Boskowitz and an address by the Rev. Dr. Thomas Alexander Hyde, rector of the Episcopal church of St. Matthias, and the conferring of degrees by President W. R. Spooner, L. L. D. Dr. Hyde's address was on "The Perfect Life."

## THE NATIONAL.

We have this week received the announcement of the National Eclectic Medical Association. In looking it over we ask ourselves the use of rules and regulations, and whether the membership can be expected to comply with them when the officers violate them so flagrantly.

What is the use of revising Constitution and By-Laws if no attention is to be paid to them. At the meeting of the Association in Atlantic City last year on the recommendation of Drs. N. A. Graves, R. L. Thomas and J. H. Bell (the Committee on President's Address) the following resolution was unanimously adopted:

Resolved, That the section work be divided into three divisions, medicine, surgery and specialties. That each section be in charge of a vice-president.

Compare this with your announcement.

## MEASLES.

By G. W. King, M. D.

An extensive epidemic of measles continues. A few thoughts about the treatment of the disease cannot be out of place.

If the God of Nature intended that measles should be mostly manifested upon the skin and if said God was wise when he made it sure that hot drinks are better to cause perspiration or a flow of bad matter to the skin than cold ones, what respect does that doctor who prescribes cold drinks for measles show for God?

The advocate of cold drinks claims that comparatively few of the patients who have the measles and take cold drinks die. Likewise, the prescriber of the worst and most dangerous drugs known can claim that the largest part of his patients recover. Both claims show what endurance there is in humanity and do not prove that endurance is cure. Many persons may have the

measles and apparently recover under the use of cold drinks, yet they are not sure that the stagnating effect of coldness has not caused some of the disease to injure some vital organs and the injury to be made manifest in after years.

It is as certain that hot drinks will not injure a person having the measles as it is certain that cold ones are liable to. Which should be used a safe and reasonable treatment or an unsafe and nonsensical kind? The nonsense about tickling a patient with cold drinks because they have a better relish (and such is all the foundation the cold practice has) is about like giving a child a looking-glass and hammer because it wants them.

A person claimed that only one patient died among about forty having the measles and using cold drinks and that one had dropsy. Of course, a patient who has two diseases and has to contend with bad treatment also, does not have a good chance for recovery. About thirty years ago a pregnant woman had the measles and mumps without any fatality. The mother lived ten years after the birth of her child and the child is yet living. Please notice, they were not abused with cold nor alcoholic drinks.

It should be admitted that there is something to be invited from within the system to the surface, in a case of measles, smallpox, scarlatina or erysipelas. Where is the sane, intelligent and honest person who will boldly claim that such something will be forced to the skin sooner and safer with contracting and stagnating cold water than with relaxing and dissolving hot water? Which will take something out of a drug in a percolator the quickest, hot or cold water? Good, practical ideas ought to be worth as much to a physician as to a mechanic.

The doctor who advises a patient, with the measles, to take cold drinks and at the same time to be very careful not to take cold, is about as consistent as the postmaster who told his clerk not to read the postal cards in the post office and also not to allow any card, having objectionable language upon it, to pass through the office. A popular science that has not common sense in it is one of the bigest curses upon earth.

Back a few decades ago when it would have been considered about the same as sacrilege to employ cold treatment for measles and before there had been so much daring progression in a direct line of nonsense under the name of science there was not so much fear about measles as there is now among the people. Then children were frequently given forced exposures to the disease.

During a period of nearly fifty years I have treated many cases of measles and all have had pleasing recoveries with one small exception: such exception was a girl who had had whooping-cough and scarlet fever in quick succession and was left so that she was not in a condition to have anything more and live. No such claim can be truthfully made for bad treatment.

A brief outline of my treatment for measles is, hot non-alcoholic drinks, not infinitesimal in quantity, as nothing can be floated out of the system without plenty of floating material; enemas when necessary and not physic, and when the air passages are dangerously loaded and expectorants are not sufficient for relief I have no diseased fear about giving an emetic of lobelia; plenty of fresh air judiciously admitted to the room and no food without an appetite.

Kings Station, N. Y.

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## ALBUMINURIA AND ASCITES.

By H. P. Sinclair, M. D.

[Read at the meeting of the Eclectic Medical Society of the State of New York, 1901.]

By Albuminuria I mean Bright's Disease. It is defined as acute and chronic—the chronic differing from the acute only in its intensity and persistance, and its resistance to curative treatment.

Three varieties are recognized:

1. The Inflammatory.
2. The Amyloid.
3. The Cirrhotic.

In this article I shall consider only the Acute Inflammatory form of the disease.

Inflammatory Bright's Disease consists of an inflammation of the structure of the kidney, that organ passing through various stages of transformation, characterized by diminution of urine, albuminuria, hematuria tube casts and dropsy; with secondary changes in the circulatory apparatus and other organs; and it terminates sometimes in complete or partial recovery, and oftener in death by dropsy, uremia, or other complications.

Etiology.—Cold and wet; extensive burns; extensive chronic skin diseases; alcoholic excesses; physiological toxic agents of acute infectious diseases, such as scarlet fever, small pox, typhus, typhoid, cholera, diphtheria, measles, chicken-pox, erysipelas, acute articular rheumatism, etc. Also chemical toxic agents, such as turpentine, cantharides, arsenic, mercury, lead. To this may be added continued use of highly-spiced foods. And lastly, pregnancy.

Symptoms.—The onset is usually sudden, the patient is chilly, vomits, has pain in the back of the head, and headache. There may or may not be high fever. The bowels are constipated; urination is frequent, and is accompanied with burning and tenesmus, due, in part to the concentrated urine. The amount vioded is scanty, is usually of a smoky-red color, and has a specific gravity of about 1025. Oedema early presents itself, generally in the face and ankles. The skin is pallid or waxy, or, when dropsy supervenes, has a translucent appearance. General dropsy often quickly appears, or it may be of the scrotum or labia. In children, and frequently in adults, uremic convulsions may be expected. In some severe cases the urine is totally suppressed.

I rely upon the boiling and nitric acid test. It is not as delicate as some, but it is easy and generally gives practical results. If I wish to be very certain that urea is not a cause of the turbidness of the tested urine, I test for urea and estimate results. Nevertheless I concede that the most certain test should be used, and that I am careless and non-progressive in clinging to the old time method. It is said that Millen's test is equally simple as the nitric acid and boiling test, and is infallibly positive, but I have never tried it. It consists in mixing a solution of nitrate of mercury with the urine and boiling it. Nitrate of potash is then added, and the albumen presents as a precipitate of red flakes.

The microscope must also be brought into use. Look carefully for red blood corpuscles and renal epithelium, together with the characteristic hyaline, blood and epithelial tube-casts. In the mildest cases there may be no miscroscopic changes noticeable at first, but as the disease progresses serum leucocytes and red blood corpuscles will certainly appear—so will the tube casts.

A few words concerning the microscope to the older members of this society. When we attended lectures few colleges were equipped with microscopes for clinical purposes, consequently we had no training in the use of that instrument. In that particular the younger men are our superiors. But we need not remain behind them in the procession. If any of you are not possessed of a microscope by all means get one. You can buy one good enough for clinical purposes for fifty dollars. Then get specimen slides and familiarize yourself with them, that you may recognize what you are looking after, when you see it. Add to that a practical hand book on microscopy, and study it well, and learn to mount slides, and you are fairly well equipped. Keep your microscope where it can be seen by the laity, under a glass cover, and use it whenever there is a probability of learning anything from it concerning your case. You will find it will pay well in dollars and cents; and, better still, it will open up to you a world of information and pleasure. Besides, as the late Prof. Howe used to say, "it looks so scientific to the laity."

Prognosis.—It is not safe, even in the mildest of cases, to give a favorable prognosis. The character and intensity of the

renal inflammation, and the causative conditions must be carefully considered. Don't talk too hopefully about a scarletinal albumenuria. If the dropsy and albumenuria gradually diminish, while the color of the skin clears and the quantity of urine and urea increase, let your spirits rise. But be prepared for set-backs. Recovery may be established in from one to three or more weeks. The albumen may persist for some time after the disappearance of the dropsy. It may, however, continue, and the affection become chronic. Uremia is the great bugbear. If cerebral symptoms manifest themselves look for convulsions. If suppression of urine continues for twenty-four or forty-eight hours it is a fatal symptom very usually.

Treatment.—First make every effort to restore general secretion. Stimulate skin and bowels, and, so far as possible, the kidneys. Have the patient imbibe freely of hot mucilagenous and milk diuretic drinks —say a slippery elm demulcent and an infusion of cleavers. Rochelle salts is a preferable hydrogogue. Look sharply after the heart and if needs be steady it with digitalis and strychnia. Put the subject into a hot air cabinet bath with feet in hot water. Pour down hot drinks and sweat profusely. Then put to bed between flannel blankets and keep temperature of room between 65° and 70°, and the atmosphere dry. After free catharsis put patient on the following:

℞.

Acet. Pot.....℥ i

Syrup Wild Cherry.....℥ iv

M. Sig. Teaspoonful every four hours when awake.

Diet must be suited to patient, keeping in view this motto: Only that which is easily digested and nourishing must go into the stomach. To this end liquid and semi-liquid foods are best adapted. The stomach, so far as possible, must be kept in good order. Poor digestion will upset all other treatment. With good digestion nearly all things are possible. Nux, ipecac, muriatic acid, bismuth, acids, alkalis, these and many more have their indications for sick and irritable stomachs. Use them specifically. Milk is excellent for some stomachs—others will not tolerate it. As adjuvant to the Acetate of Potassium I suggest an infusion of Hair Cap Moss ad libitum. Also Spirits of Nitrous Ether, Specific Gelsemium, and Specific Hydrangea.

If taken sufficiently early in the disease the patient will very probably improve under this treatment. But there must be no inattention on the part of nurse or physician. Repeat the hot air or vapor baths daily, or as often as the strength of the patient will permit. Keep him in bed, or suffer him to rise only sufficiently often for change. Rest and quiet are essential. I have much faith in applications of heat directly to the loins. Have the patient lie upon hot steamed bran bags frequently changed.

Complications.—The most pronounced are Hydrothorax, Hydropericardium, Anasarca, Pneumonia, Pleurisy, Pericarditis, Peritonitis, Meningitis, Uremia and Ascites. I shall alone consider the latter.

Ascites.—As a sequelae of Bright's Disease it is an expected malady. It is an accumulation of fluid within the peritoneal cavity. Its principal causes are:

1. Obstruction of the portal vein or the hepatic vein, or the ascending vena cava.
2. Cardiac or pulmonary diseases obstructing the venous circulation.
3. Disease of the kidneys.
4. Morbid conditions of the peritoneum.

I shall speak mainly of ascites as a result of Albuminuria, though I admit the difficulty of dissociating it entirely from hepatic and cardiac disease. Nevertheless I am of the opinion that albuminuria alone may induce ascites by producing an improvement, of the blood, in that it continuously strains from it a portion of its albumen, and so reduces its plasticity that it will not pass readily through the capillaries. This impoverishment, or thinness, if I may so express myself, produces relaxation of the serous tissues of the abdomen, and transu-

dation into the peritoneal sack is the result. To be sure, obstruction of the portal circulation is nearly always coexistent with albuminuria, and may be a contributing cause of the dropsy; and the change in the character of the blood may produce cardiac disease, which in turn may aid in producing the morbid condition; nevertheless, independently of these, I hold that ascites may be induced by the albuminuria alone.

Diagnosis.—It will be subjective and objective. Subjectively the patient will complain of distension of the abdomen, indigestion, flatulence, vomiting, suppression of urine, dysponea, palpitation, dryness of the skin, thirst—not all of these symptoms at once, but some of them always. Objectively there is dullness on percussion of the abdomen; general rotundity, but bulging below and at the sides a sagging of the fluid on reclining side; fluctuation. Aspiration may be resorted to as a diagnostic test. The history of the case is especially useful.

Care must be taken not to mistake for it a solid tumor, gaseous accumulations, a fatty omentum, an ovarian tumor, a pregnant uterus, a distended stomach or bladder, or an enlargement of the liver. Ascites may exist with these, but they must not be mistaken.

The abdominal fluid may range from a few ounces to gallons. It is generally thin, limpid and of a watery consistency. It is generally yellow but may also be colored by bile or blood, or be turbid or dirty looking, and in some instances may be somewhat thick and gelatinous. Its reaction is generally alkaline, and its specific gravity variable. Analysis shows it to be albuminous, often very largely so; and urea, cholesterine, and bile are sometimes discovered in it.

Treatment.—The general condition of the patient must first be carefully studied, and any idiosyncrasy taken into consideration in outlining a treatment. The palpitation and dysponea generally are most urgent in their demands for relief. Specific Cactus will generally steady the heart if the palpitation be functional, and will frequently also allay the dysponea. If it be organic, as indicated use Strychnia, Strophania, Lobelia, Veratrum, Digitalis, Macroty's Cactus, etc. Then turn attention to the digestive tract. Put the stomach in the best possible condition. Unload the generally constipated bowel with Rochelle Salts, and keep them free. Use the vapor bath, and induce as free perspiration as the strength of the patient will admit of, and repeat the treatment. Stimulate the diseased kidneys with mild diuretics. Add Iron, the bitter tonics, or Cod Oil, as reconstructives, as the patient can take them. Put a mustard draught across the loins, but only as a skin irritant. Then bring the thunderer to bear upon it—Apocynum Cannabinum—but be moderate in your charges or you will upset the stomach. It is so abominable to the taste that I always give it in a capsule. Sheperds Purse has drained a dropsy for me very nicely, though the condition soon returned and the remedy had no subsequent effect upon it. And Apocynum is frequently a failure also. It certainly must be dropped if it deranges the stomach. Use all means to restore good circulation and digestion. Sulphate of Strychnia 1-60 has given me good satisfaction, as a general restorative.

As a last resort tap. Don't wait until the patient is about to die—make and keep him comfortable while he lives. After his first relief he will rain blessings upon you. Continue treatment and if fluid accumulates again, tap again. If treatment positively refuses to remove the fluid, make a fistula through the abdominal wall, and let the fluid escape. A tube is inserted and held by adhesive straps this is recommended, but it must be both bungling and troublesome. Besides there is danger of peritonitis from the persistent irritation of the tube; and poisonous infections might readily find their way into the abdominal cavity through the tube. I open the fistula daily and insert a probe pointed grooved director. The fluid readily escapes through the groove and is caught in a container. The fistula

closes upon the removal of the instrument, and is prevented from healing by the succeeding operation next day. This plan may be carried on indefinitely, and being quite painless, can be performed by the patient.

There will come a time when treatment and paracentesis will no longer serve the patient. Uremia is most likely to fatally supervene of all the complications. There will be gradually increasing stupor, with disordered innervation, restlessness, nausea, vomitings, convulsions, coma and death. Don't let the patient suffer. Death is inevitable—smooth its pathway. Explain fully to the friends the hopeless condition of the patient and the suffering that must ensue unless you relieve him. They will appreciate your kindness toward the sufferer very generally. Certainly there will be no weakening of confidence. Then let him down gently into the grave, scatter over him your most beautiful flowers of sympathetic expression, and forgetting that he ever existed, save as a clinical experience, go out into the world and continue your fight against the insatiable monster, until you, in turn are snapped up into his voracious jaws.

Lysander, New York.

## REMEDIES WHICH HAVE ALWAYS GIVEN GOOD RESULTS.

By W. H. Russell, M. D.

In my article in the February number of the Review I stated that I had used the following expectorant mixture with the best of success.

R.

King's Expectorant.....3 ii
Syrifi Simplicis.....3 iii

M. Sig. One teaspoonful hourly.

I ordered King's Expectorant from the drug house, but I have since learned upon comparison of the two preparations, that a tincture was made from the Pulvis Lobelia Comp., the formula of which is as follows: Lobelia, Bloodroot, Skunk Cabbage, Ipecac and Capsicum. The formula of King's Expectorant is: Lobelia, Canada Snake root, or wild ginger blood root, and Pleurisy root. The latter is an elegant preparation, and should be taken as an expectorant in teaspoonful doses without the addition of syrup.

The preparations of lobelia are very valuable from a therapeutic point of view. A few days ago I treated a bad case of croup, in a child 14 months old, with Acetic Emetic tincture gtt. v. every 15 minutes, and the emetic powder on a larded cloth applied to the throat and chest. The father said he could hear the child's efforts at respiration in the stable which was 50 feet at the rear of the house, the windows of the house being closed. After a few doses of the Acetic Emetic tincture the child was relieved, and made a good recovery.

Ipswich, Mass.

## RYTHM AND REFLEXES.

By Libbie Hamilton Muncie, M. D.

[Read at the meeting of the Eclectic Medical Society of the State of New York, 1901.]

The plan of the nerve supply of the pelvis and of the associated regions is to bring into harmonious action the skin and mucosa, and the muscles and viscera. The pelvic viscera involve nerve relations with all the abdominal viscera, because the sympathetic nerve supply is from the hypogastric and ovarian plexuses which arise from the abdominal brain and the lateral chain of the sympathetic system. It is through the sympathetic system that life's functions are carried on, for when the conscious man sleeps, it must still be active. It sleeps but once and that sleep is final. The cerebro spinal system, on the contrary, sleeps every night, and under narcotic and anesthetic influence, it is also capable of paralysis without death.

The abdominal brain has been aptly considered the center of life, because it presides over nutrition, controls circulation and secretion, supplies the organs of generation, and dominantly influences the automatic visceral ganglia. Its nerve fibres radiate

on the great arterial and venus trunks, and twine about the lymph vessels, extending its tendrils to every arteriole of the abdominal viscus, presiding over involuntary life and forming apparently a complete organization in itself.

This bountiful and peculiar nerve supply of the abdominal and pelvic organs gives sufficient reason for reflex neuroses.

All know that perfect physiological functions of the sexual system in both man and woman influence the general nervous system. Consequently pathological conditions of the pelvic organs be they ever so slight, will sooner or later deplete the nervous system. The well being, reserve force, restorative power, and vitality of the individual depends upon the integrity of the sympathetic nervous system.

### Rythm.

All of the involuntary organs are abundantly supplied by the sympathetic nerve and possess a rythm. A disturbance of this rythm will cause discord and inharmony in the bodily economy, as Hamlet's "sweet bells that jangled, and were out of tune and harsh." The centers for reflex action, "the little brains," send out motor impulses control secretion, and are endowed with this peculiar quality called rythm, they also possess vaso-motor power.

The cardiac, the abdominal, and the pelvic plexus are more independent than other sympathetic nerve centers, and will, therefore, be the first to suffer disturbance of rythm. After long continued disturbance the record of their discord will be carried to the spinal nerves by means of the rami communicants.

In woman the uterus is exposed to trauma, infection and disease, therefore its rythm is oftener disturbed than any other organ. It also has the most direct and intimate connection with the cerebro-spinal axis and with the abdominal and pelvic brains.

### Liver.

The liver has its rythm through the automatic hepatic ganglia, and when called upon to care for a new supply of food, it is by means of this ganglia that it manufactures bile, glycogen, and urea, and sends these products to their respective destinations. Then the liver secures rest and repair that it may be able to accomplish its next rythm. The breaking up of this hepatic rythm will cause disease of the liver. Improper food is first thought of as a factor toward this result, but barring alcohol, the most common and prominent cause that induces irregular hepatic rythm is an irritable and diseased uterus.

A woman who has suffered from frequent and severe attacks of gall stone colic ever since the birth of her child, will be found with a lacerated cervix. It may have healed on the exterior, but scar tissue will invariably be found at the internal osteum, and usually the uterus is retroflexed. Relieving either one of these conditions will not cure the colic, but removing the cicatrix and keeping the uterus in its normal position will cure the case.

### Stomach and Intestines.

According to Braubaker and other physiologists, irritation of sympathetic ganglia does not produce any evidence of pain until some time has elapsed. If caustic soda be applied to the semilunar ganglia, or a galvanic current be passed through the splanchnic nerves, no instantaneous effect is noticed as in a case of cerebro-spinal nerves; but in the course of a few seconds a slow progressive contraction of the muscular coats of the intestines is established and continues some time after the irritation is removed.

Reasoning from this bit of physiology it is easily seen how an irritation at the external or internal pelvic organs or rectum will sooner or later interfere with the intestinal rythm, either directly through the sympathetic or indirectly through the pudic nerve, and produce too much gastric or intestinal activity, or too little, as will be manifest in diarrhoea or constipation. From the same cause, either directly from the pelvic irritation or indirectly through the stomach irritation, it is easy to reason out

why a heart may beat irregularly, too slow or too fast.

A case giving a history of long continued dyspepsia, anemia, malnutrition, constipation, or possibly diarrhoea, and resisting all previous methods of treatment, will readily respond to a procedure which removes all points of irritation about the genitalia and rectum. Patients subjected to this treatment will usually gain from fifteen to thirty pounds during the following six months.

We do not hesitate to apply these measures to those suffering from serious heart lesions. Instead of fearing to administer an anesthetic to a patient having a weak heart, we give it willingly, knowing that the heart action will be strengthened immediately by the operation. In this way many a case of supposed valvular heart disease has been quickly and permanently cured.

Without considering now, the physiology of the nerve supply of the lungs, throat and eyes, we may apply the same principles. Many a case of headache and nervous symptoms, referable to the eye but not relieved by the skilled oculist, may be positively cured by attention to the pelvis.

Leaving the viscera and their rythm,let us see how the principle applies to the skin, the muscle, nerve and bone tissue. Many will ask if eczema, rheumatism, a disturbed function of the spinal cord and brain, or a necrosed bone can be materially benefitted by removing mechanical irritation from the hypogastric and pudic terminals. The sympathetic system exerts an influence upon the circulation of the entire body as well as upon the glandular organs. Here again the sympathetic system does not disappoint us, for if the patient has not passed the dead line, as soon as the fetters are removed nature gives her attention to the suffering part, and begins the process of nutrition and repair. The necrosed tissue which in spite of the most skillful treatment has shown no evidence of improvement, begins at once to show signs of life, and responds to local stimulating treatment which before was inert.

In a Chicago hospital a man of fifty years of age was suffering with a gangrenous ulcer of the leg, which had extended to the bone. In spite of the best hospital treatment for six months, the trouble continued. The day was finally set for the amputation of the foot, when Prof. E. H. Pratt asked for the privilege of examining the man before his post-graduate class. This request was granted, and it was found that the man was suffering with hemorrhoids. The doctor declared the removal of the hemorrhoids, by an operation, would save the foot. With incredulity on the part of the hospital staff, the American operation was performed. Three days later the man was again presented to the class. Sloughing had ceased, the wound had greatly improved, and a few weeks later the man was discharged from the hospital, cured.

A man presented himself at Muncie Island for the clinic of 1897. He had much difficulty in getting about, although assisted by two crutches and an attendant. He was suffering from articular rheumatism, and had traveled in vain, from Massachusetts to Hot Springs, Arkansas, and back again, in search of health. His pains were torturing, his joints were distended with arthritic deposits, and he had not been able to close his hands for years. The hemorrhoids were removed by the American operation, and circumcision was performed because of a slightly constricted prepuce, also urethral dilatation because of its effect upon the circulation, and clipping of the frenum because of its shortening.

A gradual improvement followed. In eight weeks he went to his home and to his business. He has now no evidence of a former arthritic condition as is evidenced by his recent acceptance by an established Insurance Company.

That the skin responds rapidly to this treatment, the following case will show: The young woman was a college girl. Her face was a mass of acne, otherwise she was in perfect health so far as she knew.

A pelvic examination revealed an adherent prepuce, hypertrophied labia, retro-

flexed uterus. The pelvic condition was rectified, and the face gave immediate signs of improvement, and in an incredibly short time her complexion was as clear as a baby's. This cure made such an impression on her mind that she resolved to study medicine, and she finished her studies this year the ideal of her class.

Recalling again that the most accessible nerves, therefore those most subject to injury, of the sympathetic terminal nerves, are distributed to the pelvic outlets of the body, and that the ganglia of the upper extremity are situated at the base of the brain sending out fibers to follow the course of the arteries of the brain to their distribution, we may readily see how a wave of distress at the lower extremity will send its impulse upward to this brain center and thus through its cephalic terminals, brain irritation results.

Some may say, this sounds well, does it hold out in practice? In answer to this a severe case will be cited from which it may easily be reasoned that the slightest brain irritation and the most profound may be cured by these procedures.

A man of forty years passed from a siege of La Grippe into insanity. After two years of sanitoria treatment under the most expert specialists, he was placed in the state asylum as an absolutely hopeless case. There he remained for two years when he was brought home for an examination. A few days later we removed from his rectum five very large papillae.

An immediate improvement began, and within three months he was able to take an important position which he has acceptably filled. It is now five years since his emancipation.

Three years ago, a young woman of twenty-three years who had suffered with melancholia since her fourteenth year, presented no outward sign of pelvic trouble. So, it was said, "It is all in her head." The correction of a retroflexed uterus, and the removal of a few papillae from the rectum, restored her to perfectly normal mental condition.

When the spinal cord has been diseased, many cases of paralysis have been positively cured, and with children suffering with chorea, the circumcision of either boy or girl, and the removing of even the slightest pathological condition from the rectum will bring happiness to nearly every one of these pitiful sufferers.

Brooklyn Borough, New York.

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DEPARTMENT OF

## SPECIFIC THERAPEUTICS.

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Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The editor of this department is alone responsible for it. If anything appears herein, doctor, which does not fully accord with your notions of Eclecticism, he will always gladly give you space for a suitable reply.

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When called to a case of croup don't fail to take your Compound Stillingia Liniment and Compound Tincture of Lobelia. These old remedies are worthy of the utmost confidence, and constitute a real bulwark against spasmodic croup.

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When ten to twenty grains of the second or third trituration of a medicine are added to four ounces of water, and a teaspoonful of the mixture administered every hour, the patient receives but a very small amount of the drug at each dose, and still the physicians who believe this small amount sufficient to accomplish curative results, and that they have known it to do so, are not all cranks.

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When called to a case of dysentery don't attempt to lessen the discharge at once. Give a tablespoonful of equal parts glycerin and castor oil, and repeat the dose every day until the foul odor is removed from the

evacuations. Other remedies should be used in accordance with their specific indications. In a very large per cent. of these cases Aconite and Ipecac will be called for as an essential part of the treatment. If there is much suffering from tenesmus the opium and starch water injection should not be neglected.

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The more experience a physician has in the treatment of children the more fully he becomes convinced that Belladonna is essential to his success. The dose must be small, as children are very susceptable to the influence of the drug. In the summer diseases of children cases are frequently seen showing marked dullness of the eyes, dilated pupils, with an almost irresistable desire to sleep. Belladonna is a specific for this condition, and no other remedy can fill its place. Three to five drops of the specific medicine added to four ounces of water makes a prescription of sufficient strength, and the dose of the dilution should be a teaspoonful every hour.

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Give water freely to your cholera infantum cases. Let the water be very cold, and give a swallow every few minutes. Tell the anxious mother that in many cases the life of the child depends upon the regularity with which it is supplied with pure cold water. If there is any doubt about the purity of the water used have it boiled and cooled. Also have the baby's body sponged with tepid water frequently. Keep the baby's head cool, (don't forget the aconite and water application and the use of the fan), keep the skin comfortably cool, and above all keep the stomach and intestines free from burning heat by the constant use of pure cold (very cold) water.

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The following remedies will be called for almost daily in the treatment of children during the next two or three months: Rhus tox., when there are enlarged papilae, the child restless and it cries out during sleep in a frightened manner. Gelsemium when the patient is excited, extremely nervous, restless and rolls its head from side to side. Belladonna when the child is dull, drowsy, stupid and the pupils are dilated. Nux Vomica when there is extreme atony, pallor or yellowness around the mouth, and sallow skin, the tongue clean, broad and pale. As a stimulant it has but few equals.

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"An Eclectic Compendium of the Practice of Medicine," by Prof. Lyman Watkins, M. D., is among the latest books on modern Eclectic practice. It is written in plain and terse language, and is a work which cannot fail to be of great value to the every-day practitioner as well as to the student of Eclectic medicine. The older Eclectic books served a good purpose in their day, but Eclectic medicine has advanced, and is still progressing. The old books have, therefore, ceased to fully meet the needs of the student of Eclecticism; he must have works—like that of Dr. Watkins—which are up to date. The student who at the present time wishes to become a successful Eclectic physician makes a grave mistake if he employes his time in the study of old school and old Eclectic books on practice and therapeutics. They are all "back numbers." In Dr. Watkins' work diseases are arranged alphabetically with the remedies likely to be indicated immediately following the description of the disease. This arrangement makes it very convenient for ready reference. The description of each disease is sufficiently full to cover all necessary points, and the treatment given is the latest and best known to medical science. It makes a neat volume of about four hundred and sixty pages, and is published by the Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio, at the low price of $2.50.

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Now is the time when little children, with their death-threatening complaints, like the poor (I almost wrote dead-beats) "ye have with ye always." Last summer's treatment of the wrongs peculiar to them should, therefore, now be carefully considered with a view to its possible improvement. In a

large per cent. of these cases the first part of a rational treatment should consist of cleansing the alimentary canal of milk curds and other disturbing substances. When this has been accomplished, the intestinal affection will promptly yield to specifically indicated remedies. When there is diarrhoea and vomiting, with irritation, fever and a small pointed tongue having red tip and edges, small doses of Aconite and Ipecac constitute a treatment which has prolonged the lives of many children. If the discharges are frequent, greenish and large, with colicky pains or cramps in the abdomen and extremities, Cuprum Arsenite is the indicated remedy. A child having a diarrhoea characterized by light colored, pale yellow or clay colored evacuations will be benefitted by Kali Mur. If the diarrhoea is foul, especially when accompanied by other diseases, Kali Phos. will aid much in healing the conditions causing the putrid evacuations. When the frequent discharges are watery and mucous in character, with scanty urine, dry skin and considerable thirst, Ferrum Phos. has a curative tendency which cannot be doubted. In chronic diarrhoea of children, when the stools are watery, slimy and frothy, Natrum Mur. will do much good. In cholera infantum Bismuth subnitrate is an antacid of frequent usefulness. It has a very soothing influence upon mucous membranes. If the diarrhoea is presistent don't fail to give a dose of olive oil. Pure olive oil is a good thing for the baby—it carries off foul stuff from the intestines, and what oil is not needed for this purpose will be absorbed as food. Calcined magnesia is also a good laxative. Don't use morphia or opium in these troubles. Even the one-sixteenth of a grain of morphia has proven fatal. The physician who thinks it necessary to give opium in any form to children makes a grave mistake, and should re-study his therapeutics.

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Dr. Langford Syms gives the following advice in regard to the diet of children suffering from diarrhoea:

"As this complaint is a diet disorder, therefore much care is necessary with the food. (a) Change the milk at once, except for infants at the breast, who should get nothing else, and this only at regular intervals. (b) Diluted Milk, equal parts, or one-third pure water, breaks up the curd. Barley water makes the curd less firm. Soda water is excellent, if the child will take it, the effervescence smashes up the curd by the bubbles of air. (c) Humanized milk contains less curd and more cream. In feeding infants we should keep the proteids near one per cent. (d) Peptonized milk two parts, water one part. (e) Condensed milk, if good, is valuable. (f) Sterilized milk. This is free from poisonous germs, but may perhaps produce scurvy unless mixed with some fresh milk or whey. (g) Pasteurizing will not render tuberculous milk perfectly innocuous, but will render the milk of a mixed herd safe. Taste and smell are unaltered, microbes present are destroyed, chemically it is not seriously changed, and fermentation is stopped. (h) Attend to the feeding apparatus. A proper feeding bottle should have no tube, no angles, no indentations on glass, a wide mouth. It should be of transparent flint glass, easily cleansed, about eight ounces in size, and impossible to use by the child alone. (i) Eliminate starch from the food. (j) Stop the milk altogether in severe cases. As substitutes for milk, raw-meat juice is excellent; then we have gravy, gum arabic in boiled water, white of egg diluted, veal or chicken tea, white wine whey, pure fresh water, beef essence, beef pulp, clear soup, chicken jelly, yolk of egg beaten into an emulsion with hot water, strained and sweetened, raw-meat jelly."

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## GLYCERINUM.

*Common Name.*—Glycerin.

*Description.*—Glycerin is obtained as a by-product of the candle factories, as a result of the decomposition of tallow. It is contained in most oils and fats, both vegetable and animal. It may be obtained from fats by the use of caustic alkali and com-

mon salt. Glycerin is a colorless, ordorless, syrupy liquid; neutral in reaction, miscible in all proportions with water, and has a sweetish taste. It is not altered by exposure to air. When Glycerin is heated with strong Nitric Acid, Nitro-Glycerin, one of the most dangerous explosives is formed. A mixture of Nitro-Glycerin and sand constitutes Dynamite.

*Dose.*— 1 to 3 drachms.

*Usual Dose.*— 30 to 60 drops.

*Indications.* — Irritation of the mucous surfaces; constipation, dysentery, trichinosis. Locally: scaly surfaces, inflamed surfaces.

In trichinosis, after the bowels have been thoroughly evacuated, Glycerin in doses of a tablespoonful every hour, to the amount of five or six ounces in a day, should be administered. At the same time high rectal injections should be given, first of water and then of equal parts of Glycerin and water. In addition to this, large doses of brandy or other alcoholic preparation should be used. A drachm of Glycerin used as an enema is usually more efficient in constipation than the ordinary large injection of soap and water. In dysentery one drachm of Glycerin mixed with one drachm of castor oil constitutes an internal dose of frequent value. Glycerin diluted with water moistens dry scaly surfaces and allays irritation due to lack of moisture from the air. Mixed with water it affords a means of relieving dryness of the mouth in fevers. In otorrhoea the following gives good results. ℞. Glycerin, water, aa ʒ i; Borax, gr. iv.; Salicylic Acid, gr. ij. M. Sig. Use in the ear twice a day, applying with a swab or syringe. When there is no arrest of secretion of cerumen, and production of dry scales along the walls of the meatus, the following is useful: ℞. Glycerin, ʒ j.; Fowler's Solution of Arsenic, gtt. j. M. Sig. Apply night and morning with camel's hair brush, or cotton twisted upon the end of a match. In premature loss of hair Glycerin constitutes a part of a most excellent mixture, as follows: ℞. Glycerin, Rose Water, aa ʒ iiiss.; Tr. Cantharides, Fowler's Solution of Arsenic, aa ʒ iv. M. Sig. Rub a little of the mixture on the scalp twice a day. In acute and chronic vaginitis a curative action is obtained from the following: ℞. Tannic Acid, ʒ i.; Glycerin, ʒ iv. M. Sig. Apply at bedtime on tampons.

Glycerinum is stimulant, antiseptic, demulcent and solvent. It is extensively used as a solvent of many alkaloids, extracts, salts, etc.—Fyfe's Materia Medica and Therapeutics.

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## STAPHYSAGRIA.

We wonder how many of our readers use frequently and understand thoroughly the action of specific staphysagria. * * * Unsuccessful effort and unrequited labor (as well as unrequited love), end in depression of spirits, in despondency, in moroseness, in hypochondriasis, in hysteria, in neurasthenia, in nervousness. It is in just such cases that specific staphysagria is a blessing to physician and patient. What other remedy meets these symptoms and this state or condition so well? We know of none other.

Then, again, this mad whirl directly through misguided social relations, or abuses, or contaminations, or indirectly through the depressed nervous vitality incident thereto, disturbs, distorts, deranges, distresses, depresses, agitates or excites the reproductive organs of both male and female, and the consequences are beyond our power to relate or even imagine. No one has a better opportunity to know these things than the doctor. It is the doctor who should help spread the mantle of charity over the wrong doing of many in this direction. A bad birth and environment, as well as bad living, are a part of the cause. In this as in some other things, there seems to us to enter that question of predestination, or where does personal responsibility begin and end. But it is to these people that staphysagria is a boom and a blessing. It acts alike upon male and female. It influences the nervous system, and the blad-

der and the kidneys. It lessens irritation and strengthens function. In men it is an excellent remedy for prostatorrhea, and many times in nocturnal seminal emissions. It cures by relieving irritation and lessening the inflammation. It frequently overcomes speedily a urethritis, simple or gonorrheal, and checks the discharge, whether it be mucous or mucopurulent. It strengthens the vesiculae seminales and the testes. We have frequently wondered whether the persistent use of staphysagria might not eventually overcome almost all *real enlargements* of the prostate. You know that we do not adopt the idea that the prostate is really *enlarged* as *often* as it is said to be. With this, like in some other things, the profession has made it an easy matter to satisfy the laity and the patient by saying that there is prostatic enlargement. It is innocently taken as a valid excuse for what we do not know—that is how to reduce an enlarged prostate. Satisfy yourself first that staphysagria will not do it. The prominence and seeming enlargement of the prostate in many cases is, in our opinion, not an enlargement, but is due to the relaxation of the tissues round and about it. The base of the bladder, because of feebleness, due to age or disease, drops down upon a plane lower than the usual one; its muscular fibres are pale and weak, and relaxed. The same causes create absorption of the fat, etc., in the areolar tissue around the bladder and the prostate, and at the same time the never relaxing triangular ligament retains and suspends the membraneous portion of the urethra, as well as the prostatic portion which is just behind it, at its usual height. It is this suspension from which it cannot escape that gives such prominence to the prostate. In our opinion staphysagria will help the truly enlarged prostate, while the sabal serrulata or saw palmetto in large enough doses, given for a sufficient length of time, will add tone to the intrinsic muscle fibres of the bladder sufficient to cause them to lift up the base of the bladder to its wonted position, thereby overcoming the previous prostatic prominence. To this action saw palmetto owes its reputation, we believe.—Dr. W. E. Bloyer, in Medical Gleaner.

## MEETING ALUMNI ASSOCIATION ECLECTIC MEDICAL COLLEGE.

The annual meeting of the alumni association of the Eclectic Medical College of New York, held on May 7th at the college building was a most interesting and enthusiastic occasion.

Dr. W. L. Heeve (of the class of 1897) presided.

There was a large representaton of the members, especially from the later classes. A message was received from Dr. W. R. Hayden of the class of '69, who was unable to be present.

Dr. Chas. Tyrrell, of the class of 1900, was the speaker of the day, and gave a humorous and most excellent address. Dr. Albert Fox, of Waterbury, Conn., and Dr. F. W. Abbott, of Taunton, Mass., followed with short, stirring speeches.

Telegrams of greeting were sent to the Alumni Association of Bennett Medical College of Chicago, Ill., and the Nebraska Medical Association, both in session. A very kindly message was sent in response from the Nebraska association through the president, Dr. M. B. Ketchum, of Lincoln, Nebraska, which reached us too late to present at the meeting. Dr. Ketchum also desired his name to be given as a subscriber to the Eclectic Review.

Dr. Sibley, of St. Louis, was present during the session, and in response to an invitation offered congratulatory remarks. A number of bright, one minute speeches were made by the members and guests.

Dr. Pitts Edwin Howes of Boston, Mass. was also present, and was heard from in relation to the coming meeting of the National Medical Association.

At 2:30 p. m. the members and friends enjoyed a generous luncheon, prettily served by the ladies. Dr. G. W. Boskowitz made the opening after dinner speech.

After remarking on the excellent standing of our graduates in the State board examinations, Dr. Boskowitz referred to the need of a new and commodious college building. The Dean presented a plan which has been approved by the board of trustees, by which an investment fund may be started for this purpose, paying to the investors 4 per cent. interest, thus creating a nucleus with the sale of the present building for a new college. A number of the members spoke on the subject and the proposition met with enthusiastic endorsement. Very rapidly amounts were offered until over $6,500 had been subscribed.

After the reports of committees the following officers were elected for the ensuing year:

Dr. Charles Tyrrell, President.
Dr. C. W. Tobynne, 1st V. President.
Dr. L. L. Jacobson, 2d V. President.
Dr. H. W. Graves, 3d V. President.
Dr. A. W. Tompkins, Treasurer.
Dr. H. C. Hinds, Secretary.

The installation of these officers was a fitting close to the session, and the members said good-bye full of renewed interest and hopefulness for the college.

Harriet C. Hinds, Secretary.

## MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

The forty-first annual meeting of the Massachusetts Eclectic Medical Society was held at The Thorndike, Boylston st., Boston, Mass., Thursday, June 6th, 1901, at 10 a. m.

This meeting was well attended and a number of interesting essays read and discussed.

Officers for 1901:

President, Charles Lloyd, M. D., Cambridge.

Vice-President, Asa L. Pattee, M. D., Falmouth.

Corresponding Secretary, Lydia Ross, M. D., Watertown.

Recording Secretary, Pitts Edwin Howes M. D., Dorchestr District, Boston.

Treasurer, E. Edwin Spencer, M. D., Cambridge.

Librarian, Nathan L. Allen, M. D., Boston.

Councillors—Drs. C. Edwin Miles, Lillian G. Bullock, Albert J. McCrea, Asa L. Pattee, Frederick Wallace Abbott.

Anniversary Committee—Dr. Frederick Wallace Abbott, Chairman; Dr. Pitts Edwin Howes.

Orator— J. B. M. Dickens, M. D.

## THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

Boston, May 21, 1901.

The regular meeting of the above society was held this evening at "The Thorndike." After partaking of the usual dinner and acting upon the routine business the president, Dr. Lydia Ross, called upon the speaker of the evening, Dr. Pitts Edwin Howes, who announced as his subject, "Macroty's Racemosa," and spoke as follows:

Macrotys racemosa is among one of the oldest remedies of the Eclectic practice, and will repay all time spent upon studying its curative action in the alleviation of disease.

Its range of action is extensive; those who are most familiar with its use are most enthusiastic in its praise.

It is essentially a cerebro-spinal remedy, acting directly upon the brain and spinal cord. In all probability the effect produced by this remedy upon the muscular system is not direct, but is due to a reflex action upon the brain. It may be classed as a depressing irritant in large doses. Indirectly, the vegetative system receives some benefit from its administration. It is a potent remedy in all diseases of the mental system where melancholy is prominent among the symptoms, especially when accompanied by sleeplessness. This latter symptom is one of the key notes to its use in nervous affections, and should always be remembered. For the removal of such conditions it should be prescribed in small doses. Excessive doses will produce a very strong effect upon the nerves of sensation and develop all the symptoms of neural-

gic rheumatism. The pains are aching, pressing, remitting; are attended with great restlessness and a weak, exhaustive feeling.

It is one of the most remarkable remedies in all diseases of the cerebro-spinal system; particularly when the moter side is excited, and yet, on the whole, there prevails an atony in the muscular and nervous systems. This gives us a clew to its wonderful efficacy in some forms of chorea. Macrotys is indicated when this disease is produced by irritation of the spinal cord, uterine disease, or purely psychial cause.

The movements abate or are absent during sleep. They are increased by the emotions, at the menstrual period, or as a result of suppressed menstruation. They are often attended by depression of spirits and wakefulness.

Macrotys occupies a large place in the treatment of muscular affections. It seems to act, by preference, upon the belly of the muscle; and it is especially indicated when the trouble has appeared suddenly. The form of rheumatic fever, for which it is decidedly curative, is characterized by three prominent symptoms: suddenness, severity of its manifestation, and its location in the large muscles.

In cases of chronic rheumatism, when the pain is situated in the large muscles, and the history of the disease elicits the fact that the first commencement of the disease was markedly quick and severe, macrotys should be given with great confidence in its curative power.

Night sweats that are due to the degeneration of the nervous supply of the cuticle, will be arrested by the administration of this remedy.

There are conditions of the abdominal structures in which macrotys will be used with advantage; viz: rheumatism of the muscular tissues, and the neuralgic pain, frequently taken for peritonitis, which often occurs after confinement. Macrotys finds, perhaps, its most important place in many of the diseases of women.

In amenorrhoea in young girls from deficient nervous energy in the ovaries, and when the abnormal nervous influence is directed to other organs, giving rise to chorea, hysteria, nervous headaches, etc., the macrotys will restore the functions of the reproductive organs to a normal state. Should there be at the same time, with the above conditions, a chlorotic condition, helonias should be administered in conjunction.

In retarded menstruation when, instead of the ordinary flow, there appears a dull, heavy headache, melancholy, palpitation of the heart, and other reflex symptoms, this agent will produce a normal tone of the system and cause a regular return of the menses.

In suppression of the menses from a cold mental emotions, or febrile conditions with rheumatic pains in the limbs, or intense headache and uterine cramps, this remedy will be curative.

Many cases of dysmenorrhoea are also relieved by this remedy when they are accompanied by the rheumatic or neuralgic symptoms above noticed.

As a parturifacient it was in general use among the Indians at the early settlement of this country. Many writers have testified to its efficacy in facilitating parturition. It has been stated that macrotys exerts a specific influence on the uterine contractions, lasting longer than ergot, and followed by less torpor and greater susceptibility and capacity for action in the uterus, than before its employment. Its operation, also, is not attended by that deleterious and stupefying influence in the fetus which often results from the administration of ergot.

After delivery it has been successfully used for the purpose of inducing firm uterine contractions, expelling the placenta, and checking post-partum hemorrhage. After-pains will be checked by its administration especially when the patient is inclined to be despondent and wakeful.

Ovarian neuralgia will be cured by macrotys when the ovarian pains are reflected, or change their location to other portions of the body, as the leg of the same

side, the region under the breast or extending up the side to the shoulder.

In puerperal mania, when melancholy and sleeplessness are prominent symptoms, macrotys should be given with the greatest confidence.

In the promotion of easy labors this remedy holds a large place. Given for a few weeks before the expected confinement, it will influence that occurrence in a marked degree; many times enabling the woman to completely do without the aid of ether. Those who have not used it in this manner will be much pleased by the results

Dr. Allen said that he had been very much interested in the paper, especially that part of it which referred to the use of macrotys in neuralgic troubles, and he would like to inquire of the speaker the size of the dose which he had used to produce the effects stated.

Dr. Howes stated that he made use of the small doses, using from a half drachm to a drachm of the green tincture to four ounces of water, and gave this in teaspoonful doses every hour.

Dr. Russell asked how the speaker differentiated between the use of macrotys and Pulsatilla in the cases of melancholy. Dr. Howes replied that in those cases of melancholy which were associated with rheumatism, which had appeared suddenly, and was associated with sleeplessness, he used the macrotys, in other cases the pulsatilla.

Dr. Lloyd spoke of the variety of preparations of the drug and the difference of their action upon the human body. He thought that this had much to do with the different results obtained by various prescribers.

Dr. Miles had used the drug for many years in his practice, and could endorse many of the things said by the speaker. He thought that it was especially useful in the rheumatism which attacked the belly of the large muscles, and when there was not much inflammation. He had used it with good results in many of the diseases of women when he especially desired a tonic effect upon the uterus. He had attended nearly 2000 cases of midwifery and had found that the administration of macrotys for a few weeks before the expected labor had had a marked effect for good upon that occurrence.

Dr. Perrins stated that he had received better results from the use of macrotys when administered for rheumatism below the waist line; when it occurred above he used the bryonia.

Dr. Russell reported the following case:

He was called one evening to attend a young lady of 21 years. She was experiencing severe pains upon the side of the head, with a temperature of 103 deg. He thought it a case of LaGrippe with ear complication. The next morning he looked the case over more carefully. He found a very anemic girl with a peculiar lemon tint of the skin, and a history of a discharge for some time from the ear. There was some swelling of the neck, but the mastoid was not tender. There was no swelling of the external membrane but it exhibited a peculiar dark color. The pupils of the eye were dilated and the patient was very listless. She continued about the same for a week with the temperature gradually lowering until it reached 99 deg. Next day it ran up to 105 2-5, and the next day there was vomiting; quieted stomach, but the day following patient was as bad as ever. The discharge had continued all the time from the ear. Called counsel, who located liver and splenic trouble and found a decided mitral murmer of the heart.

In spite of all treatment she remained pale and listless, most of the time being delirious and the temperature remained high until a day or two before her death, when it dropped to normal. She had always been delicate from a child. An operation was suggested, but it is doubtful if it would have done any good at this time. It was evidently a case of chronic middle ear disease, which had resulted in septic meningitis, that caused her death.

## ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

The twenty-eighth annual meeting of

the State Society was held at California Medical College hall, 1422Folsom street, on the 28th, 29th, 30th of May. The business of the society was transacted during the morning session of the 28th. A most interesting program was prepared for the occasion. Two members of the society were elected as members of the State Board of Medical Examiners,under the new law that goes into effect August 1st of this year.

B. Stetson, M. D., Secretary.
D. Maclean, M. D., President.

## NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.

The seventh annual meeting of the New England Medical Association was held at State House, Montpelier, Vt., June 4th, 5th and 6th, 1901. An interesting program which had been arranged by Henry J. Potter, M. D., president, and William C. Hatch, M. D., recording secretary, attracted a good attendance, and was enjoyed by all.

## CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.

The forty-sixth annual meeting of the Connecticut Eclectic Medical Association was held at the Allyn House, Hartford, Tuesday, May 14, 1901, beginning at 11 a. m., with the president, Thomas S. Hodge, M. D., of Torrington, in the chair.

The report of the secretary, George A. Faber, M. D., of Waterbury, showed a membership of 51, and no deaths the past year.

The treasurer, LeRoy A. Smith, M. D., of Higganum, reported a good balance, and the income exceeding the outgo.

The annual address, "Medical Legislation," by Thomas S. Hodge, M. D., was excellent, and received the closest attention. It will appear, by request, in the "Transactions" of the association.

Henry Bickford, M. D., of Hartford, reported on "New Remedies and Methods of Treatment;" LeRoy A. Smith, M. D., on "Medical Statistics;" Leonard Bailey, M. D., of Middletown, on "Obstetrics;" Stephen B. Munn, M. D., of Waterbury, on "Surgery;" and Thomas Mulligan, M. D., of New Britain, on "Case in Practice."

The annual dinner was served at 1 p. m., and proved an enjoyable occasion.

The following were elected officers: President, Henry Bickford, M. D., vice-president, Thomas Mulligan, M. D.; treasurer, LeRoy A. Smith, M. D.; corresponding and recording secretary, George A. Faber, M. D.; censors, Edwin M. Ripley, M. D., of Unionville, Thomas S. Hodge M. D., LeRoy A. Smith, M. D., Royal E. S. Hayes, M. D., of Hazardville, and Lottie M. Moriarty, M. D., of Meriden.

## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting, and the final of the session of 1900 and 1901 of the society was held in the assembly rooms at 239 East 14th St.,on Thursday evening,May 239 14th street, on Thursday evening, May 16th, Dr. F. L. Morhard, vice-president, in the chair, and Dr. H. J. Doll, recording.

Dr. Wm. J. Krausi read a very instructive paper on Rhus Toxicodendron."

The paper was discussed by Drs. Boskowitz, Birhenhauer and Thompson.

Dr. Boskowitz in his discussion dwelt on the therapeutic value of Rhus Tox. as a sedative in the restlessness of infants, whether caused by dentition or cholera infantum. The value of the remedy in such cases consisted not only in its soothing action, but also, and this principally in the fact that no deleterious after effects were produced.

Dr. Thompson stated that "Rhus" was the indicated remedy when the patient suffered from cold hands and feet, due to poor capillary circulaton. He achieved excellent results with "Rhus" when administered to young girls suffering from acute chlorosis. Anaemia also has very often yielded to "Rhus."

A vote of thanks was tendered Dr. Krausi.

Dr. Geo. W. Boskowitz followed reporting a very serious case in which the patient suffered from gall-stones.

The patient had been treated by a number of physicians, some of them having used olive oil by mouth, and others oil per rectum in high enemata; chloroform and sodium Phos. All these treatments availed nothing, and as a last resort an operation was decided on. The patient, however, was not inclined to undergo an operation, and at this junction fell into the doctor's hands. The patient was put on the following internal medication, which after two days continuation relieved the patient so much that he left his bed, all pain having disappeared:

℞.

Ext. Fl. lobelia.....℥ j
Ext. Fl. Prun. Virgin.....℥ i j
Aquae destill. q. s. ad.....℥ iv
M. Sig. ℥ every two hours.

After the above mixture had been given until nausea appeared the dose was given every three hours for a time. On examination numerous calculi were found in the feces.

Dr. Gaedeke, the next speaker, explained the action of his uterine key (clavis uteri). He states: "An electric current is produced when the key is in situ, which is caused by neither chemical nor thermic action." The key acts as an accumulator and conductor of the latent electricity in the cells of the uterine endometrium." The following experiment was performed by the doctor: The "key" wrapped in blue litmus paper was inserted in a test-tube filled with croton water. After the lapse of half an hour the litmus paper was examined and found to be red at the + pole and deeper blue at — pole.

About twenty-five members responded to the roll.

H. J. Doll, M. D.,
Secretary.

## TENNESSEE STATE ECLECTIC MEDICAL SOCIETY.

The twenty-second annual meeting of the Tennessee State Eclectic Medical Society is hereby called to meet in Chattanooga, Tenn., June 17, 1901, at 9 o'clock, a. m.

The Southern Hotel has given rates of two dollars per day with two in a room. They also offer their large parlors, free of charge, for the sessions of the Society.

The National Eclectic Medical Association will convene on Tuesday, June 18, at Lookout Inn., Chattanooga, Tenn.

By holding a night session of the Tennessee Society we can complete our work, and attend the National the following day.

This is the greatest opportunity in the history of Tennessee Eclecticism.

It is a difficult matter to "pull up" and leave your practice to attend a course of lectures from six weeks to six months, but any physician can take two or three days each year to "rub up" at a nominal cost.

You say you are too busy; not so. The busy physician is the one who feels the greatest need of interchange of opinions with his brother physicians.

Drs. Durham of Atlanta, Standlee of St. Louis, Sexton of Atlanta, and Hathcock of Belton, Ga., together with many other prominent Eclectics of the United States, have promised to be present at this meeting.

Before you buy your ticket to Chattanooga, notify the agent that you are going to attend the National Eclectic Medical Association, and demand a certificate for your ticket, which will entitle you to one-third fare on your return.

Don't make a mistake and ask for a receipt. A Certificate is what you want.

Let every Eclectic physician in the State of Tennessee, make a special effort to be present at this meeting.

Those who go by way of Nashville to Chattanooga are requested to be in Nashville by 9 o'clock, p.m., on Sunday, June 16, that we may go in a body to Chattanooga.

J. M. Leonard, M. D.,
President.

J. P. Harvill, M. D.,
Rec. Sec.

## CLINICAL EXPERIENCE WITH ADRENALIN.

By Emil Mayer, M. D.

[Surgeon, New York Eye and Ear Infirmary, Throat Department; Fellow American Laryngological Association; and of the New York Academy of Medicine, New York. Abstract from original paper, in the Philadelphia Medical Journal, April 27, 1901.

The aqueous extract of suprarenal gland is perhaps the best culture medium known. Its instability, the involved method of preparaton, its unsightliness, and the inexactitude of its various strengths tend to make us welcome a preparation that is exact, stable and above all, clean. Dr. Jokichi Takamine undertook the task of isolating the active principle of the suprarenal gland. He obtained a substance in stable and pure crystalline form, which raises the blood pressure, and which he named "Adrenalin."

The author has used solutions of Adrenalin Chloride, 1 to 1,000, 1 to 5,00, and 1 to 10,000; his cases were all rhinological. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no instance was there any constitutional disturbance. He has employed no suprarenal extract since, for any purpose whatever.

The effect of the solutions was not altered by their change to a pink color; they were used for six weeks. Subsequently a small amount of chloretone was added to the fresh solutions and now there is but slight change of color and no floccules appear.

Thirty-five cases are reported in tabulated form, showing that the usual effect of the akueous extract of the suprarenal gland was obtained. A few operative cases bled freely, but in every instance the hemorrhage was promptly checked by a second application of Adrenalin. The Adrenalin was used not only as a hemostatic, but for the relief of nasal congestion, as a diagnostic aid, and for the continuous treatment of acute inflammatory affections of the accessory sinuses.

The author arrives at the following conclusions:

1. Adrenalin Solutions supply every indication for which the aqueous extract has been used.
2. They are sterile.
3. They keep indefinitely.
4. Solutions, 1:1,000 are strong enough for operative work; and 1:5,000 and 1:10,000 for local medication.
5. They may be used with safety.

In this connection it is interesting to note that E. Fletcher Ingals, M. D., of Chicago, also has had a very satisfactory experience with Adrenalin. In a paper entitled "Notes on Adrenalin and Adrenalin Chloride,"* he reports that he experimented with solutions, varying from 1 to 1,000 to 1 to 10,000, of the Chloride of Adrenalin in distilled water or normal salt solution, and kept careful records until satisfied of its activity. In nine cases a very small quantity of a spray, of one part of Chloride of Adernalin to 10,000 parts of water, was applied to the nasal cavities, with the effect of blanching the mucous membrane quickly, and in most cases causing contraction of the swollen tissues similar to that caused by cocaine. The first solution used was made with distilled water and caused smarting; normal salt solution was then used as the solvent with perfect satisfaction. The smarting may have been due to the presence of a small quantity of formalin in which the atomizer had been washed just before use.

Experiments were also made with insufflations of a dry powder consisting of 1.5 per cent. (75 parts) each of biborate of sodium and bicarbonate of sodium; 3 per cent. (150 parts) light carbonate of magnesium; one part of Adrenalin, to 5,000 parts sugar of milk. This powder cleared the nasal cavities when obstructed by swelling of the turbinated bodies, and diminished the secretions decidedly. A case of daily epistaxis was relieved by sprays of a 1 to 10,000 solution. Another of conjunctival congestion from overwork was entirely relieved by the instillation of a similar solution. The author has had qeually satisfactory results in cases of conjunctivitis; laryngitis, acute and chronic;

acute laryngitis with edema glottidis; acute coryza; chronic laryngo-tracheitis with acute exacerbation; and in preparation for operations upon the nose.

In conclusion, the following results are presented: This remedy will be of great value in the treatment of acute inflammatory affections of the nasal cavities, either in sprays of 1 to 5,000, or in powders of 1 to 5,000 or 1 to 2,500, sugar of milk. In acute coryza and in hay fever, in epistaxis from various causes, in acute inflammation of the fauces, solutions of 1 to 1,000 will have good effects. In acute or subacute laryngitis, solutions of 1 to 1,000, applied with moderate force, will give very great relief; it appears probable that vocalists may obtain sufficient relief from congested cords, for at least two or three hours, to obtain normal efficiency in the use of the voice.

In a paper read before the Chicago Laryngological and Climatological Association, W. E. Casselberry, M. D., called attention to the fact that Adrenalin Chloride Solution is clear, colorless, odorless, sterile, and stable, if protected from heat, light and oxidation; it is non-irritating to mucous membranes. When applied locally it exerts identically the same vaso-constrictor influence as the aqueous adrenal extract. Sprayed into the nostrils in the strength of 1 to 10,000 it produces a visible change from turgidity to compactness of the turbinated tissues, and a decided pallor of the mucous surfaces. In the strength of 1 to 1,000, or even 1 to 5,000, it has the power to limit hemorrhage during operations and is an aid in the treatment of epistaxis. It may be substituted for cocaine in all cases in which an ischemic effect is desired, e. g., to facilitate inspection of the deeper recesses of the nasal cavities and to make them more accessible. Adrenalin has little or no cerebral stimulant effect, exciting no desire for more of the drug, hence there is little risk of habit-formation.

The author expresses the opinion that Adrenalin should afford relief in asthma associated with bronchitis and vaso-motor paralysis, although he would expect little benefit from its use in asthma characterized by bronchial spasm. It may be formed into an ointment with vaseline, or mixed with stearate of zinc, powdered starch, or sugar of milk to make powders for nasal or laryngeal insufflation. The bibliography is very comprehensive, covering the literature of the subject down to the present date.

*Journal of American Medical Association, Apr. 27,'01.

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Dr. Perdriolat in the New York Medical Times extols the use of oxygen inhalations as a cure for sea sickness.

Dr. S. J. Smith in the Medical Gleaner reports very satisfactory results from the use of Ergot in the first stage of pneumonia.

Dr. Gaspare Fioro in the Riforma Medica for August, 1900, recommends the use of gold thread sutures in the radical operation for Inguinal Hernia.

In the Post Graduate December 7, 1900, Dr. H. Richardson reports quite an extensive experience with sodium glycocholate in the treatment of gall stones with very good success. R. A. T.

Dr. Palk, in the Medical News, claims that Thyroid extract in the treatment of Uterine Fibroids is superior to ergot, electricity or curettement. If thyroidism supervenes, arsenic will relieve.—Journal of Medicine and Science.

Dr. Marx in the Medical Record announces thirty cases of labor in which he made use of Medullary Narcosis by means of cocaine with good results. No bad effects, present or remote. Labor proceeded normally but without the usual pain to the woman.—Journal of Medicine and Science.

Dr. Wm. J. Robinson in Merck's Archives outlines a treatment for Pulmonary Hemorrhage. Gives morphine 1-4 grain and atrophine 1-120 grain hypodermatically, and internally aromatic sulphuric acid and sodium chloride. Heat to feet and occasionally ice bag to chest in threatened collapse recommends as stimulants camphor and nitro glycerin. As an extreme

measure cording extremities, as a prophylactic gelatine, ridicules the use of ergot and believes hydrastis may be of some benefit.

A writer in the Mass. Med. Journal claims that Patas Iod. in very small doses is almost a specific in frontal headache. Indications: A heavy dull frontal headache accompanied by languor, chilliness, general discomfort, distaste for food, sometimes nausea. Two grains in 1-2 glass water sip in about ten minutes.

Dr. Wm. Murrill of London in the Medical Brief reports upon the treatment of exophthalmic goitre with increasing doses of arsenic and the local use of electricity. The result of the doctor's observations would seem to indicate that the arsenic had little or no influence upon the progress of the disease but that the electricity possessed a decidedly curative influence.

## ITEMS.

This is a good time to subscribe for the Review. Price one dollar a year.

Dr. Anna M. Cross is doing a very successful business at Crawford, Nebraska.

Dr. J. T. Sibley formerly of St. Louis is now located at Kensington, Brooklyn.

Heinrich Stern, M. D., has been appointed Prof. of Internal medicine, New York Clinical School.

Dr. S. B. Baily, the veteran eclectic of Higganum, Conn., although seventy-five years old, is doing fine work for humanity and the cause.

The California Medical College held its commencement exercises and a reception on Tuesday evening, May 7th. Ten students received degrees.

Dr. A. E. Broga of Stockbridge, New York, has a good opening for a young practitioner. Anyone looking for a country practice should correspond with him.

Mr. and Mrs. John McGinnis, Jr., have just returned after a five months sojourn in Bermuda. Mrs. Mariette Grant-McGinnis was a member of class '91, E. M. C., New York.

Second annual announcement of the Eclectic Medical College of Indiana, W. P. Best, M. D., secretary. The announcement of this college just received. We have had the pleasure of meeting its secretary and we wish him and the college success.

The following were the speakers at the Beachonian dinner, Hotel St. Denis, Tuesday, May 7th. Welcome by Royal Fellow, M. A. Sturm; Historian, H. Dincin. Prophet, J. M. Crane. Poet, A. Bloomer. Orator, H. W. Graves. The attendance was much larger than anticipated and everyone voted the affair a success.

The governor has signed the bill providing that the regents may in their discretion admit conditionally to the examination in anatomy, physiology and hygiene and chemistry, applicants certified as having studied medicine not less than two full years of at least nine months each includingtwo satisfactory courses of at least six months each, in two different calendar years in a medical school.

At the meeting of the Connecticut Eclectic Medical Association Dr. Frederick Wallace Abbott of Taunton, Mass., was elected an honorary member. Dr. Abbott has the distinction of honorary membership in the Vermont Eclectic Medical Society and the Maine Eclectic Medical Society. He has also been for nine years a member of the Board of Censors of the Eclectic Medical College of the City of New York. The National Normal University of Lebanon, Ohio, has recently conferred upon him the degree of Ph. D.

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OVER 106

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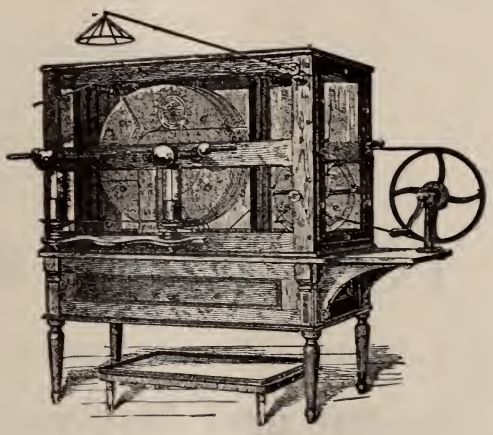

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# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. IV. NEW YORK, JULY 15, 1901. No. 7

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## THE NATIONAL MEETING.

The annual meeting of the National Association is once more a past event, and the Doctors from various parts of the country are taking up the threads again, feeling better equipped for their work for the exchange of ideas and new thoughts obtained from contact with their fellow practitioners. The trip to Chattanooga was made from the East in different ways. Some going entirely by rail and others by steamer to Norfolk, Virginia, and thence via Norfolk and Western railroad to Chattanooga. Many points of interest were investigated en route and the visit to the beautiful "Virginia Beach" and "Ocean View," the drive through Gent at Norfolk, Old Point Comfort, etc. etc., was very interesting. At Chattanooga, war memories were revived, and stories of the famous battles fought in that section were listened to with great interest. Visits were made to Lookout Mountain, Missionary Ridge and the Chickamauga battle field and the members and their wives thoroughly enjoyed their outing.

At these meetings Texas is brought nearer to Michigan and California nearer to New York, and the large family of Eclectics feel that although they are separated by many miles they are bound together by a fraternal feeling that each succeeding year strengthens.

L. B.

---

## ECLECTIC MEDICAL COLLEGE.

In this number will be found the announcement of the Eclectic Medical College of the City of New York, and we hope that our friends in the profession who have or know of students contemplating the study of medicine will be reminded that the Eclectic Medical College in New York, although a small college, has shown its ability to instruct its students so that in their trials for licenses before examining boards in this and other states they have been eminently successful. The fact that our institution is small should not interfere with the earnest student for it really gives him an advantage, and places him in a position of closer relationship with his teachers that is not possessed by those who attend where the classes number in the hundreds.

We desire, also, to call the attention of those who intend studying medicine to the advantage afforded by our college in the study of Materia Medica and Specific Medication. If we are financially poor, (and we are) we are multi-millionaires so far as the resources of our American indigenous Materia Medica and its therapeutic application is concerned. That the Eclectic practitioner cures so many cases where others who seem to have had greater advantages and opportunities have failed is due to his superior knowledge of these plants and their application.

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## GELSEMIUM IN POST-DIPHTHERETIC PARALYSIS.

By D. N. Bulson, M. D.

In July, 1900, the wife of the Rev. W—., of N. Y. City brought her daughter to my office for treatment.

She gave the following history: Age, eighteen years. Always been as well as children usually are until the previous January, when she had a severe attack of diphtheria from which recovery had been slow. When she began to see signs of improvement in some respects she noticed a weakness of the lower extremities which gradually increased until, at the time she was brought to my office, in a coach, she had to be assisted up the steps. At times she could walk across the room without much effort and at the next attempt, perhaps, her knees would give way without warning and she would fall to the floor if not caught. Was particularly troubled in attempting to go up or down stairs.

She was looking well and said her health was in its normal condition. She had been treated by several allopathic physicians of New York without benefit. The last one recommended her to go to the sea-shore

for salt water bathing which she had tried without avail.

Diagnosis—Post-Diphtheretic Paralysis.

Treatment—One half ounce of Specific Tincture of Gelsemium with directions to take two drops in water every three hours. She received no other medicine. I heard nothing more from her until about six months after when I met her father and inquired after his daughter. He was earnest in his thanks and said the drops had worked like magic and by the time the little bottle was empty his daughter could walk as well as ever.

That she remains well I am quite sure as a few days ago I received an invitation to attend her wedding.

Rockville Center, L. I.

---

## PERFORATION OF THE SIGMOID.

By J. B. de Beer, M. D.

About ten years ago Mrs. D. consulted me for Diarrhoea, with the following history:

Since puberty she had always had irregular evacuations and frequently was prevented from going in society, owing to sudden attacks.

Her appetite was always small but digestion fairly good. She has no children.

Her family history is good, both parents and other ancestors having attained the alloted age without disease of any consequence.

On the father's side Hemorrhoids and Ichthyosis can be traced and these conditions she has inherited.

Fifteen years previous to consulting me, she was operated on for complicated Rectal and Rectovaginal fistula and Ulceration, but has for some years afterwards enjoyed a fairly normal health.

Since her Menopause the joint structure of the tarsal joints are diseased, no pain has been experienced, only aches, but the joints are anchylosed (crooked) no doubt through deposit of urates.

Diarrhoea is a designation given to disturbances of the Alimentary canal and to certain pathological conditions of the intestines, which are supposed to induce it.

It can therefore not be considered a simple disease, it being either a symptom of many derangements of health, the result of many causes of widely different nature. The extensive Mucous Surfaces of the Canal, the functions of the organs, which compose it, the influences on which they depend and by which they can be deranged, create various elements, which may contribute to the disturbance, making it frequently most difficult to diagnose and to check the discharge.

Having made an examination I found the sphincter in normal condition so far as nervous impulse is considered, but an eruption of herpes around the Anus, and a dry, scaly condition, also signs of late fissures and traces of the same dry condition and irritation above the Coccoyx, and extensive scaly and hypertrophic malformations on other parts of the body.

By digital examination of the rectum I could ascertain nothing and advised partial Anaesthesia to facilitate the use of the Speculum; which revealed ulceration. This condition I anticipated, but frequent bleeding induced me to believe that a Villous tumor might exist, which was not found.

A purulent discharge from the Anus, motions loose and mixed, of a slimy fluid mixed with blood; soreness in defaecation and some times tenesmus with slight hemorrhage made me diagnose an abscess and I informed the patient that her condition was undoubtedly the result of the ulceration and spontaneous perforation of some growth which no remedy would be able to cure. Only palliative treatment had been resorted to until last October when she again consulted me.

She had the pallor of defective nutrition, Anaemia and defective Aeration.

Her face was swollen, also her hands and feet, and her lower eye lids occasionally. She complained of obscure pains, in the abdomen, rectum, legs, groins and loins. She passed hardly any urine. After pro-

longed diarrhoea she would have stools composed of Scybalous Masses as if she had had no motions for days. On palpation of the left groin I found a hard mass about four inches in length and about two to three inches wide, which I diagnosed as stricture. Considering my former diagnosis this would be a natural result—and I advised operation.

Not desiring the responsibility, I advised consultation with a specialist, which was assented to, and Dr. Kelsey of New York was selected who confirmed my diagnosis, advising prompt attention.

The following week she was operated on; the details are interesting.

The Sphincter having been dilated, a hard mass was found above the rectal pouch, accounting for the obscure pains complained of.

The diarrhea, therefore, was caused by both impaction, and as was clearly demonstrated ulceration, and as ulcers are generally associated with stricture, its existence was not doubted.

We find here also the lesson, that a diarrhea is sometimes the result of an overfilled and obstructed rectum.

Coldness and swelling of the feet from pressure on pelvic and abdominal veins and shooting pains in the legs, groins and loins, from pressure on sacral nerves could be accounted for and was intensified by further discovery.

An incision was made two and one half inches long, two inches from the anterior superior spine and across an imaginary line from the ant. sup. spine to the umbilicus; the peritoneum opened in the usual manner, the sigmoid flexure found to secure the stricture and to find out what was the best to do to relieve the obstruction.

Three different methods were at our disposal:

Intestinal resection and anastomosis.

Formation of artificial anus by Lumbar Colostomy.

Formation of artificial anus or Inguinal Colostomy.

The surprise was great when it was found that instead of a stricture there was a growth around the sigmoid making it more than triple its size, its color dusky purplish, its feeling hard, and surrounded by small elongations resembling glandular and fibrous polypus of small size, suggesting tuberculosis. On opening several of these elongations it was however found that instead of the creamy characteristic contents of these growths, in tuberculosis, a mass of feces was found and the conclusion was arrived at, that perforation of the sigmoid had taken place in the remote past, the feces deposited between the mesentery had been enveloped by nature with a protective covering, and that this growth was either the result of extensive ulceration or an abcess.

The patient was not in a condition for complete resection, the ulceration did not admit back to back suture, and it was suggested to return it and close the incision, leaving this growth to itself, trusting that the removal of the partial impaction might improve the patient.

I decided however for inguinal colostomy, thus giving the ulcers a chance to heal, so as to be able to remove the growth later on, or close the false anus if advisable.

This growth pressing constantly on the sigmoid, contracting its calibre, may have caused the impaction, as well as the ulceration, and the coldness and swelling of the feet undoubtedly had been caused by the pressure on the pelvic and abdominal veins at this point.

Suffice it to state that since the operation the patient has had every day a movement, at first very loose; but it has gradually improved, and now she has a healthy movement every other day. She passes plenty of urine of normal acidity and specific gravity, drinks larger quantities, and enjoys her food; has had no fainting spells, is improved in general health, and it is among the possibilities that during the next fall she will again be operated upon to restore the normal outlet.

The treatment applied for the ulceration

is an ointment of 20 per cent, ichthyol, and a wash composed of hydrastis and sulph. of zinc in ℥i to Oi aq. of which ℥ss is used to Oii aq. as an enema.

During the first weeks I found nothing of more benefit to check the bowels than Dovers powder in 2½ gr. doses.

The remedies employed are:

Hemaboloid of Strychnia and arsenic; Echinacea and Sodii Bromid.; and Sodii Phosphate.

The outcome of this treatment will be reported in due time.

Brooklyn, N. Y.

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## HEAT.

By G. W. King, M. D.

If heat is not the most important agent in nature, all other agents and things would be of no consequence without it. Life, growth and change would be displaced by stagnation and nothingness should coldness obtain supremacy. All other therapeutic agents combined (and there are a great many of worth) have not the value of fire and water.

Fever heat is often misjudged to be an enemy instead of a friend. It is the cause of abnormal heat and not the heat of a patient that should be fought. Thoroughly add harmless wet to the fever heat and its cause will be dissolved and eliminated. It is far better for a patient to be too warm than too cold, unless he is prepared for death by age or an incurable disease that is very painful. Then, after the patient can breathe no longer, a high temperature, to the extent of cremation, comes in as the best kind of treatment. Under the highest sanitary law the living have precious rights which those having the care of the dead should respect.

After all that may be truthfully said about the goodness and power of heat it does not need an extra representation founded upon folly or falsehood. When men, bearing the title of doctor of medicine, are claiming that human flesh is profitably enduring 400 or 500 degrees of heat, as a remedial agent, there must be something the matter with them. Can it be ignorance or dishonesty? Sugar-coated words seem to be out of place when used in reference to a plain absurdity which is being extensively advertised and approved by members of the medical profession.

A doctor, in a conspicuous place, has described and endorsed an awkward apparatus for treating rheumatism and gout by the use of 200 to 400 degrees of heat, and then adds: "Of course such a high temperature as 200 to 400 deg. F. can be borne only when the air is dry. In order to accomplish this the part treated must be well wrapped in some good absorbant material, such as Turkish toweling, and great care must be exercised that this is evenly and snugly applied or one is likely to get severe burns." Bosh! Who does not know that if a blacksmith does not handle hot irons at a proper distance with cold tongs, even when surrounded with hot air, he will get burned? Of course the part treated with such high temperature as 200 to 400 deg. F. must be well wrapped so that 400 deg. of heat can not get to said part. To teach or claim that a patient has been benefitted by a high temperature which he could not endure and which has been kept away from him with wrappers; such teaching or claim must come under the modern so-called progressive science that, fortunate for past generations, was not thought of when the multiplication table was made. How can men, who have had the ability to graduate at popular medical colleges, where moral character is a required qualification, be induced to certify, in substance, that absurdity is truth and nonsense is goodness?

The cheapest, simplest and best apparatus, in portable form, for applying remedial heat is called Baird's Steam Fomenter. The heat can be applied dry or wet, locally or generally, with the patient sitting or lying. It can also be used as an inhaler. Including a bottle of alcohol, all the parts can be put into a small portable case. In 1899 it was being manufactured at No. 170 Madison street, Chicago, Ill. About a year

ago a vain effort was made to get into correspondence with its manufacturers. It can be claimed to be sad, bad, etc., if the making of Baird's Steam Fomenter has been discontinued. If it can not be obtained it is not the first time that a superior thing has been dropped for one that was inferior. Good simplicity is sometimes forced out of place by bad and fascinating complication. A progression which ignores the holding fast to that which has been proven to be good, is a very unprofitable kind of advancement.

Kings Station, N. Y.

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## THE TREATMENT OF CHRONIC CATARRH OF THE MIDDLE EAR.

By Alfred W. Herzog, M. D.

The diagnosis of this disease is easy; that is to say, it is not very hard to determine when a patient may be said to suffer from Chronic Catarrh of the Middle Ear.

If a patient comes to you who is hard of hearing and possibly complains of noises in the head; you examine his external auditory canal and find it unobstructed and the drum membrane not perforated; if you find no evidence or signs of suppurative inflammation of the middle ear and the tuning fork tells you that the nerve is either not at all or only secondarily affected; then you can safely diagnose a catarrhal affection of the middle ear, and the question, whether it is of the chronic type, is easily determined by asking the patient the duration of his trouble.

The case is marked down in your case book as O. M. C. C.

The fact, however, that you know the latin name of his disease is hardly likely to prove a source of lasting gratification to your patient, if he has already been perfectly familiar with the same , from the fact that different physicians have informed him that he or she is suffering from Otitis Media Chronica Catarrhalis, and that nothing, or very little, could be done for them.

That the disease might if a course of treatment were taken, remain stationary, but that it would most likely slowly progress, so that it might be of benefit to the sufferer to at once, or at least betimes, study lip reading.

Or, however, if treatment has been undertaken, then the regular routine treatment for O. M. C. C. was tried for a short time, generally with no beneficial results, and after awhile the patient discontinued treatment and became resigned to his affliction, or went to another physician, who applied the same treatment in most likely exactly the same way.

Several questions have therefore to be considered.

The first is to determine what different conditions of ear disease are all classed as Chronic Catarrh of the Middle Ear.

The second question would be: "What is is the routine treatment of O. M. C. C.?"

Another question: "Why is the routine treatment of these conditions so generally unsuccessful?"

Lastly: "How must Chronic Catarrh of the Middle Ear be treated to give good results?"

Space is too short, nor would this be the proper place to enter fully into the different conditions that may cause chronic catarrh of the middle ear.

Yet it must be understood that it may be caused by Sclerosis of the Drum Membrane; by Anchylosis of the ossicles; by stricture of the Eustachian Tube; by inflammation of the Eustachian Tube; by extension of the inflammation from Hypertrophic or Atrophic Rhinitis or Pharyngitis; and from various other causes.

The routine treatment of O. M. C. C. consists generally of inflation of the middle ear by Politzers method, or through the Eustachian Catheter. Also of the camphor and iodine vapors applied through same instrument. Of massage of the drum membrane and shaking of the ossicles by means of Siegel's Otoscope, the Delstanche Masseur, or some similar instruments. Sometimes a paracentesis of the Membrana Tympani is performed. Probing of the

Eustachian tubes by means of filiform bougies; electrolysis, and faradic or galvanic electricity.

It is a well understood fact that the nose and throat must be attended to and put in as perfect condition as is possible before any results in the ear can be expected.

It is practically useless to treat the ear if the nose or throat are affected, without treating these organs.

I do not wish to say that it may not be possible and does not often happen that a case of chronic catarrh of the middle ear is benefited even though the nose and throat, if affected, are not treated; but these cases are exceptions.

The principal question in my mind is, why the routine treatment of O. M. C. C. is so seldom of any benefit, although it is theoretically correct. This is the solution:

First of all, as I said before, O. M. C. C. is not one disease, but a name given to a group of ear affections with two principal symptoms, which are loss of hearing and tinnitus aurium.

Therefore as the disease may be caused by different conditions, different treatment must be applied for the purpose of relieving the different condition.

Yet it is practically impossible to determine in the vast majority of cases, what the real factor is that caused the disease in each special case.

So that to really use the treatment proper and beneficial for the special case, to paraphrase a well known term, not a shot gun prescription, but a shot gun treatment will have to be instituted; that is to say, the gun will have to be loaded with all sorts of treatment and these shot into the patient or rather into the suffering ear as fast as possible. Herein therefor lies one of the mistakes of routine treatment, and in fact the principal mistake that is made in the treatment of these diseases, that the patient does not receive sufficient treatment.. The physician may know of all the different methods of treating these diseases, and be proficient to apply them, yet he applies them only one at a time and after having tried one method for several months and having failed to benefit the patient thereby, he tries another treatment and so on, until he has applied all the different kinds of treatment to the same patient at different times, possibly extending the length of the treatment over several years.

This physician as well as his patient will then most liekly come to the following conclusion:

"Here we have used all these treatments, including Politzer, Eustachian Catheterization, Sounding, Electricity, Vaporizers, Massage, etc., for several years with no results.

Therefore all these methods of treatment do not amount to anything in Chronic Catarrh of the Middle Ear."

If, however, this physician and this patient would take into consideration the actual time during which the treatment was applied; they would possibly figure it out in this way.

Three treatments a week at five minutes a treatment (that is to say, actual time spent in treating the patient), makes fifteen minutes a week or thirteen hours a year, that is to say not much more than one day in three hundred and sixty-five days spent in actual treatment.

It were hardly possible to imagine that such state of affairs really exists, were it not abundantly proven and well known.

Yet like a great many facts and occurrences which we meet every day, we pass by without noticing.

When we decide that a certain thing is necessary for a certain purpose, we generally not only determine the quality but also the quantity necessary.

If a thirsty man asks you for a drink would you hand him a single drop of water?

If a starving man ask you for food would you give him one single kernel of rice?

Would you say that he asked you for a drink and you gave him water; that he asked you for food and you gave him rice?

If you did it would be nothing else but mockery.

Yet when you have once come to the

conclusion that massage or electricity would be beneficial for treating a certain form of ear disease, is it not mockery as well if you give both massage and electricity in such infinitesimal doses, that a few moments spent in intelligent thought will, yes must convince you, that they can not be of the slightest benefit to the patient.

It is the same with the application of the method of inflation either using the Politzer bag or the Eustachian catheter; it is the same with the camphor iodine vapor.

While in most cases the right treatment, as far as quality is concerned, is applied, in hardly any case the right quantity is used.

In the treatment of chronic catarrh of the middle ear, the "Gutta cavat lapidem, non vi, sed saepe cadendo" ought to be borne in mind.

A drop will wear holes in a stone, not by force, but by frequently falling. This ought to be considered an axiom in the treatment of these conditions.

The treatment of O. M. C. C. is mostly mechanical.

We try to accomplish certain things by mechanical means, yet it seems to me that most of us have not the mechanical brain to estimate the quantity necessary to accomplish what we desire.

I contend that a patient suffering from catarrh of the middle ear should devote at least an hour a day to the treatment of the affected organs. The nose and throat should be carefully examined and every faulty condition corrected, if it can have the slightest bearing on the condition of the ear.

Politzer's method of inflation and the Eustachian catheter should be used whenever indicated.

Valsalvas method should be avoided.

In some cases probing the Eustachian tubes will be beneficial and electrolysis may also be used.

The camphor and iodine vapor as well as menthol, and other vapors, may be used with great benefit through the Eustachian catheter, and in some cases repeated paracenteses of the drum membrane may be made.

This in itself will be of great benefit when there is a sclerotic condition of the drum membrane present; but even if not, it will aid a great deal in the application of vaporized medicaments to the inflamed or rather affected parts.

Massage may be used as before stated in various ways.

Different very ingenious instruments have been constructed for the purpose, in which the motive power is either compressed air, water or electricity.

In my eyes instruments like the Delstanche Masseur, Siegel's Otoscope or Lucae's pressure probe are of slight value only for curative purposes, as the hand of the operator tires too quick.

But the instruments which are independent from the hand of the physician, as far as the motive power is concerned, answer a great deal better, as they work with greater precision, and the patient can be told how long he should use the instrument and can himself turn off the motive power at the proper time.

It is the same with the application of the faradic current.

The same with vaporizers and similar apparatus.

I have had most excellent results in this way, which I do not ascribe to any methods of treatment different from those ordinarily used, but to the fact that I crowd as much treatment in each patient as the same can well stand.

Thus some of my patients receive from ten to thirty times as much treatment in the course of a year, as is generally given.

Even when a patient treats faithfully daily for an hour, it may take three months or more before the slightest change in the hearing may be determined; but in quite a number of cases results, to show the patient some improvement and encourage him to continue, come very quick. Yet to

get good results we must have patience and perseverance.

"Gutta cavat lapidem, non vi, sed saepe cadendo."

154 East Thirtieth Street.

## LEAD US NOT INTO TEMPTATION.

By Wm. L. Heeve, M. D.

It is the every day experience of the physician to have a representative of some drug house call upon him and extol their grand synthetical and compound preparations. It is generally a physician or druggist who has made a failure of his chosen profession and has taken up canvassing as a whole or side line. They will tell you of the completed experimentation and marvelous therapeutical action of their preparation, and last but not least, they will present for your kind consideration a few samples, asking you to report your experience.

Our medical journals are filled with advertisements of new preparations and it would turn the hair gray if we tried to remember them all, and the undertakers would reap a harvest of gold if all physicians relied solely on the statements of these so-called pharmaceutical houses.

Let us pay a visit to the prescription counter of one of our well equipped drug stores, and note the assortment of ounce bottles containing synthetical preparations (made in Germany, U. S. patent), which sell wholesale from fifty cents to five dollars, it is certainly amazing. Some are chemical compounds, some mechanical mixtures, others different chemicals dissolved in alcohol, ether or chloroform, and rechrystalized therefrom and called a chemical compound. Some are combinations of bismuth and an antiseptic as salicylic acid or phenol, and claimed to be chemical compounds, but the majority are mechanical mixtures.

Upon reading the literature we find that certain compound chemicals (made in Germany), will enter the intestines and split up into a substance having powerful antiseptic properties, generally phenol, salicylic acid or formaldehyde, etc., and do battle with the enemy (bacteria and their toxins) and wipe them out of existence, (that is, if the enemy does not succeed in defeating the powerful foe). We read how their antiseptic chemical compounds will destroy bacteria, their spores and toxins, and the wonderful sleight of hand powers of these little wonders with a guarantee to be chemically pure; then the long, tiresome experimentation and the great array of clinical reports by some of the most able clinicians, it reminds one of some of the so-called expert testimony at the up-to-date murder trials; both sides can always obtain this testimony providing the funds do not fall short.

We may destroy bacteria and their spores and toxins in a test tube, but I fail to find an antiseptic given internally which will destroy the bacteria, etc., and still be nontoxic to the patient and harmless to the tissues it comes in contact with.

If we glance over the advertisements in the columns of our medical journals and take note of the chemical combinations which are being advertised, with indefinite chemical formulae and being recommended very highly as specifics in disease, one would declare that therapeutics had made a great advancement; but let not the temptation lead us astray.

I am not antagonistic to an honest pharmacist or chemist, who places upon the market a drug or chemical in a fine finished state, eliminating inert matter or making the medicine palatable, or using a secret menstrum, if his formula is true to the word and clearly states the proportion of the drugs or chemicals so incorporated; but I am totally opposed to the falsifyer who claims that he has a secret formula which is a specific, and when we prescribe it on his recommendation it ends in failure. Another method of fraud is to give a "so-called" formula and at the end state aromatics, q. s.; the maker only knows what the aromatics are, and if we try the formula without the aromatics we might as well give simple syrup.

Well may we say, "Lead us not into

temptation," as we are often tempted by the canvassing or detail (as they are called by the jobbers) men, especially those possessing gifted tongues, but who are failures as pharmacists, chemists or physicians and often side-tracked from our reliable remedies and thereby do injustice to our patients by trying these highly extolled nostrums and in the end losing patients.

"Rational medicine," should be our motto and if those physicians who feel disappointed with drugs, will study their materia medica more thoroughly and base their treatment on specific diagnosis, they will find the practice of medicine a pleasure, but he who lacks knowledge of specific therapeutics and falls prey to the new synthetical products, will find himself a lost member, struggling for an existence.

It is certainly a pleasure to treat disease by specific therapeutics, the small dose, the pleasant medication and the grand success, it well repays the time and study one gives to this line of therapy, it cannot be grasped in a day, but years of careful study and a thorough knowledge of materia medica and pathology must be its foundation, we cannot refer to our index and find the antimalarial, antityphoid, antisyhilitic or anticonstipation drugs, but must carefully study our cases, note the symptoms (which are the diseased expressions) and find the pathological causative factors and then carefully select our remedy or remedies.

Let us compare the Eclectic and Allopathic treatment for influenza, in the eclectic treatment we analyze our symptoms and they generally indicate gelsemium, rhus tox, or aconite in the early stages. In the old school treatment the diagnosis is made and phenacetine antipyrine or quinine are given and a calomel purge, in the early stages. The Eclectics give their indicated drugs as macrotys for muscular soreness, sticta for myalgic pains of the shoulder and neck, bryonia for the expulsive cough and sticking pains of the chest made worse by coughing and deep inspirations, orbital pain extending from the frontal region to base of brain, the tensive pains in head, eupatorium in the deep seated muscular pains (so-called bone pains.) The old school will give bromides, opium and salicylates. I need not go further in comparing the treatment of the two schools of medicine, but the facts speak for themselves.

The mortality in influenza, typhoid, cholera infantum and the majority of other diseases treated by eclectic physicians, practicing pure eclecticism, is far lower in percentage than any other school of medicine.

Often have I wondered how any sane man could possibly solely rely on the "Woodbridge" treatment of typhoid fever, not that I condemn the principle (antiseptic treatment,) but it does not seem rational to give the tablets and capsules as directed. Some cases may have no indications for podophyllin or calomel, for instance some patients of the nervous hepatic temperament cannot bear even very minute doses of podophyllin and likewise those of the nervous sanguinous temperament cannot take one-tenth grain of calomel, without causing salivation, further I do not believe in giving four or five antiseptic remedies, if one only is indicated. Guiaicol carbonate when indicated will do the work without the aid of menthol, eucalyptol and thymol; these gun-shot empirical prescriptions should be condemned. If a physician cannot select his remedies as may be indicated in any disease, he has made a mistake in choosing his profession.

As the warm weather is now approaching, we will again have the pleasure to reassure our friends, that with eclectic treatment based upon specific diagnosis, we need not dread the gastro-intestinal disease which has always been the great enemy to our little baby friends, for with our small doses of carefully selected remedies and restricted diet, a cure is readily obtained. (Do not neglect tincture of iodine in minute doses, indicated by the pale, narrow tongue with slight coating and lifeless tip, diarrhoea with watery mucous.) If liberal minded physicians would but give

specific therapeutics a fair trial after careful study, they certainly would not condemn medicines in general. Does it not seem more rational to treat the gastro-intestinal disorders by specific therapeutics, than the old system of giving bismuth and opium to all cases?

In "American Medicine," issue of June 1, 1901, we find an article by Dr. Pyle of Jersey City, entitled, "Simplicity in Therapeutics," the doctor has gained some valuable points by reading eclectic and homeopathic literature, I admire his courage in publishing this paper, as it places the doctor among rational practitioners and pleases me to note, that our old school friends are coming to the conclusion that there is some good in eclecticism. Let them keep on pilfering, it will do them good.

In closing allow me to make a plea for the re-study of some of our grand old remedies; note the grand success of common salt by hyperdermoclysis in combating shock, it seems so simple, but there are other grand old remedies capable of producing equal success.

Brooklyn, N. Y.

# ANNOUNCEMENT AND CATALOGUE

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## OF THE CITY OF NEW YORK,

No. 239 EAST FOURTEENTH STREET.

CHARTERED APRIL 22, 1865. ORGANIZED DECEMBER 19, 1865.

WHOLE NUMBER OF GRADUATES, 839.

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History. The Eclectic Medical College of the City of New York was incorporated by an act of legislature, on the 22d day of April, 1865. The Board of Trustees are empowered by the charter, upon the recommendation of the Faculty and Board of Censors, to grant and confer the degree of Doctor of Medicine upon students of the College, aged twenty-one years, having pursued the study of medicine for four years under the supervision of a reputable physician, and attended at least four full terms of instruction in an incorporated medical institution, the last of which terms shall have been held at this College.

The corporation thus established organized in the autumn of 1865, making choice of the following officers:

President, William F. Havemeyer; Vice-President, William C. Strickland, LL. D.; Treasurer, William Moller; Recording Secretary, Alexander Wilder, M. D., Corresponding Secretary, Henri L. Stewart.

The following professors were also elected:

Wm. Byrd Powell, M. D., Emeritus, Cerebral Pathology; Robert S. Newton, M. D., Operative Surgery and Surgical Diseases; Edwin Freeman, M. D., Descriptive and Surgical Anatomy; Paul W. Allen, M. D., Theory and Practice of Medicine; Wm. W. Hadley, M. D., Materia Medica and Therapeutics; Thomas D. Worral, M. D., Obstetrics and Diseases of Women and Children; Jno. Youatt, M. D., Physiology and Pathology; J. Milton Sanders, M. D., Chemistry, Pharmacy, and Toxicology. The building No. 223 East 26th Street was leased, and a course of lectures begun October, 1866, which was attended by a class

of forty students. The first commencement was held in the Cooper Union building, on the evening of February 25, 1867, and the degrees were conferred by the Secretary of the corporation upon a class of eleven—eight men and three women.

Horace Greeley delivered the address to the graduates.

The school was continued at the College buildiing in 26th Street until the year 1875, when the premises No. 1 Livingston Place was purchased for college purposes, and used as such until 1889. In 1884 the school was reorganized, and the following officers elected:

Samuel Sinclair, President; Chauncey Shaffer, Vice-President; Thomas N. Rooker, Treasurer; F. R. Lee, Secretary, and Geo. W. Boskowitz, Dean.

The College has continued under this management until the present time. In 1889 the Board of Trustees secured the building No. 239 East 14th Street, and the College is now located at this place. Under this management the school has made steady progress, raising its standard both as to the admission for students and the requirements for graduation.

Examinations are written, and an average of seventy-five per centum is necessary to obtain the degree. The facilities for instruction have been materially increased during this time; fine chemical and pathological laboratories have been added.

A dispensary in the same building furnishes ample material, and is in charge of the faculty of this institution.

Buildinig. Our College Building is located at 239 East 14th Street. It is easily accessible from all parts of the city, and is about one mile from Bellevue Hospital.

Scholastic Year. This consists of a single session, commencing in September and continuing until May. As announced in the catalogue of '96-97, a graded course of four years was adopted, and has met with general approval. The Faculty and Trustees are gratified, knowing that the changes made in the course of study and the higher reuirements remanded for graduation continue to meet with the approval of the Alumni and profession generally.

Registration and Matriculation. Students on entering the College will be required to register and pay the registration fee of $5. They will receive a receipt for this fee, which will be exchanged for a certificate of full or conditional matriculation when they shall have complied with the Regents' requirements for such matriculation; but students who have already been matriculated at a medical college in the State of New York, according to the Regents' requirements, and those who already hold medical students' certificates, will be matriculated immediately on registration.

Course of Instruction. A graded course of four years, arranged as follows: The studies of the first and second years are anatomy and histology, physics, inorganic and organic chemistry, physiology, materia medica, with laboratory work in chemistry and histology; dissection and attendance upon the general medical and surgical clinics. The studies of the third year are descriptive anatomy, pathology and surgical anatomy, physiology, organic chemistry and toxicology, therapeutics, surgery, practice of medicine, obstetrics and gynaecology, with laboratory work in pathological anatomy and clinics. The studies of the fourth year are practice of medicine, surgery, obstetrics, diseases of children, gynaecology, diseases of the nervous system and of the ear, eye, skin, nose and throat, insanity and medical jurisprudence, with clinics. Every study taught in the College by lecture is also made the subject of recitations.

Outline of the Course. The course comprises recitations, didactic and clinical lectures and demonstrations. Practical clinical instruction given to groups of students, and laboratory work.

Recitations. The study of each branch is begun by recitations under the direction of the Quiz Master. These recitations take the place of much of the former didactic lecture system, and are extended throughout the four years.

Practice of Medicine. Upon this subject Professor Thompson will deliver three lectures a week during the entire course.

Clinical Medicine. Two clinics a week will be held in this department under the direction of Drs. Thompson and Oshlag. To specific medicine one hour a week will be devoted during the entire course by Dr. Bulson. Dr. Byron Clark will deliver a course of ten lectures upon positive diagnosis. Dr. H. S. Drayton will conduct the clinic at Manhattan Hospital, and deliver a course of lectures on nervous diseases and insanity, and Dr. G. Rochelle a course on diseases of the stomach.

Surgery. Professor Boskowitz will deliver two lectures upon principles and practice, and one clinical lecture each week. Dr. J. Howard Yarnall one on rectal and minor surgery. Professor A. W. Herzog one on diseases of the eye, ear, nose and throat, and he will also conduct a clinic in this department. Professor E. M. Muncie will deliver a course of ten lectures upon crificial surgery, and conduct a clinic at the "Muncie Sanatorium." A course on Genito-Urinary Surgery and Dermatology by Dr. Wyatt-Hannath, and ten lectures on orthopedic surgery by Dr. Rohde, will be given during the session.

Obstetrics, Gynaecology, and Diseases of Children. Professor Max Augsburger will deliver two lectures each week upon obstetrics, and Drs. Muncie and Hinds each one lecture a week in their respective departments.

Chemistry. Professor Max Meyer will deliver each week two lectures upon inorganic and one upon organic chemistry, and one on toxicology.

Anatomy. Professor Hyde will devote three hours each week to general and descriptive anatomy, and one hour each week to surgical anatomy. Dr. Torbynne one hour each week on surgical landmarks.

Materia Medica and Therapeutics. Professor Armgardt will give three lectures each week during the entire course.

Professor Kahlenburg will deliver one lecture a week during one-half the course, on pharmacy.

Electro-Therapeutics. Professor Waite will deliver a course of fifteen lectures in this department.

Physiology. To the subject of physiology four hours a week will be devoted during the entire course by Professor Bell and Dr. Doll.

Hygiene. Dr. Brandenburg will deliver one lecture a week during the entire course upon this important subject.

Medical Jurisprudence. Professor Spooner will deliver a course of lectures on this subject.

Recitations. Two hours a day will be devoted to recitations, under the direction of the Quiz Masters.

Laboratories. The Chemical Laboratory will be under the direct supervision of Drs. Meyer and Birkenhauer, and each student has a desk and chemicals for his own use, and is supplied with all necessary apparatus. Students are required to make numerous examinations of albuminous, diabetic and other abnormal specimens of urine. Dr. Meyer is also in charge of the Bacteriological Laboratory.

The Pathological Laboratory will be in charge of Professor Schoney. Each student will be taught the technique of the microcsope, and instructed in the preparation, cutting, staining and mounting of specimens, and in the structure of the several tissues and organs of the body. The Laboratory classes are divided into sections of fifteen in each group.

Gross Pathology. Dr. M. Wolf will perform autopsies several times during the session, in order that the class may become acquainted in a general way with the gross appearance of diseased organs. Students of the fourth year will be required to perform autopsies under the direction of Dr. Wolf, and receive instruction in the technical procedures required in ordinary and in medico-legal cases.

Dissections. Students are required to dissect during at least two sessions of the course. Our rooms are large and well ven-

tilated, and will be in charge of Drs. Hyde and Tobynne. Material is furnished free of charge to students.

Resources for Clinical Instruction. College Dispensary located in College building. The material from this institution is utilized for the purpose of clinics. Thousands of patients are treated in the Dispensary each year, presenting a variety of diseases, and affording an excellent opportunity for observation and to make the student familiar with the various morbid appearances.

Bellevue Hospital. This institution is situated on 26th st., and East river, about one mile from the College buliding, and is the charity hospital of New York City. It is open to all medical students for clinical study. Its conveniences and accommodations are co-extensive with its purposes.

Clinical lectures are given or surgical operations made daily. Post-mortem examinations are also held, to which medical students are admitted. Our students are required to attend these clinics, which afford them a large field for observation and study.

Manhattan Hospital. At this institution, which now has control of the State insane, Professor Drayton will conduct a clinic and exhibit cases during the month of March.

Red Cross Hospital. Students have the privilege of attending the clinics of Prof. A. M. Lesser, Executive Surgeon, Red Cross Hospital, No. 110 West 82d St., New York.

Muncie Sanatorium, 119 Macon St., Brooklyn. Drs. E. H. and L. H. Muncie are in charge of this institution, and our students are invited to many important operations during the session.

Library and Reading Room. There is an excellent Library and Reading Room attached to the College. Through the liberality of Mrs. G. Keleman, the library of the late Dr. A. J. Keleman has been added. The Beachonian Society (Students' association) adds many valuable books each year.

Requirements for Graduation. The requirements for graduation are that each candidate be at least twenty-one years of age, of good moral character, and have studied medicine for four years under the supervision of a reputable physician, and have attended not less than four full terms of instruction in an incorporated medical college, the last of which shall be in this college, and must present evidences of having complied with the law concerning preliminary examinations. Candidates rejected at the final examination will not be re-examined until after having taken another course of lectures.

Advanced Standing. Students who have attended one or more courses of lectures at other recognized medical colleges, who may desire to be admitted to advanced standing in this college, will be credited with the work they may have done, if satisfactory evidence is presented that final examinations have been passed

Fees and Expenses All fees are payable in advance, and are as follows: For matriculation or registration, $5.00, payable each year. For the year's lectures, $100. A perpetual ticket, entitling to attendance upon four or more courses, may be obtained upon payment of $300 in advance. Dissection, $10; Chemical Laboratory $10; Pathological Laboratory, $10; Bacteriological Laboratory, $5; Examination, $25; Diploma, $5. Tickets are not transferable, and fees are not returnable.

A certificate of scholarship, entitling the holder to keep a student in the college perpetually, $1000.

## CALENDAR, 1901-1902.

1901.

Regular Winter session begins..... Tuesday, September 24
Election vacation .....Monday and Tuesday, November 4 and 5
Thanksgiving vacation begins..... Wednesday afternoon, November 27
Lectures resumed ..... Monday, December 2
Christmas vacation begins ..... Tuesday afternoon, December 24

1902.

Lectures resumed ..... Thursday, January 2
Legal holidays ..... February 12 and February 22
Commencement ..... May, 1902

Preliminary Examination.—The preliminary examination of medical students is under the control of the Board of Regents of the University of the State of New York. Those contemplating the study of medicine are advised to apply to the Examination Department, University State of New York, Albany, by letter or otherwise, for information concerning this examination.

## GENERAL INFORMATION.

Letters requiring information as to the College, and requests for announcements, should be addressed to G. W. Boskowitz, M. D., Dean, or J. H. Bell, M. D., Registrar, Eclectic Medical College, City of New York.

Students are requested on their arrival in the city to call at the College and register their names. Arrangements have been made by which students can obtain boarding places in the neighborhood of the College at from four to six dollars per week. Baggage may be sent to the College directed to the care of the Registrar. Announcements will be sent annually to all the Alumni of the College, and to that end Alumni are earnestly requested to inform of any change in address.

## ECLECTIC COLLEGE FREE DISPENSARY.

In connection with the College is a Dispensary at which patients present themselves for treatment in large numbers each day. Students of the College have every opportunity of studying these cases under the care of a competent body of instructors and are thus made familiar with the best methods of examination and treatment of a class of cases which the busy practitioner encounters in his everyday practice. This department is one of great importance in connection with the clinical resources of the College.

The rooms of the Dispensary are open from 10 to 12 o'clock, a. m., and from 2 to 5 p. m., every day except Sunday.

## STAFF OF PHYSICIANS AND SURGEONS.

House Surgeon—P. Nilsson, M. D. House Physician—W. L. Heeve, M. D.

Monday—Drs. B. Rossbach and H. J. Doll.
Tuesday—Drs. A. Loewit and A. W. Bloomer.
Wednesday—Drs. L. Jacobson and C. Ballard.
Thursday—Drs. M. Scimeca and P. Nilsson.
Friday—Drs. Meyer Wolff and E. Irwin.
Saturday—Drs. W. L. Heeve and C. M. Tobyne.

Superintendent—Dr. H. J. Birkenhauer.

## CONSULTING PHYSICIANS AND SURGEONS.

G. W. Thompson, M. D.
O. A. Hyde, M. D.
J. H. Bell, M. D.
Henry Armgardt, M. D.
George W. Boskowitz, M. D.
E. H. Muncie, M. D.
G. O. Heffter, M D.
A. W. Herzog, M. D.

DEPARTMENT OF

# SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

## THOSE INDICATIONS.

It seems that some of my little articles giving indications for the employment of chloride of potassium and a few other remedies have been a means of disturbing some "jolly doctors." The editor of the *Homeopathic Recorder*, judging from his remarks, don't quite approve of them. In fact, he comes very near saying so right out. Don't say another restraining word to him, Bro. Cooper; let him use that slipper freely. The basement referred to is fairly broad, so I doubt his ability to seriously hurt it. The editor of the *Recorder* asks: "Where * * were these specific indications discovered?" Well, truly, doctor, I don't know where, when or how they were discovered. They may have originated with Hahnemann or Schuessler, or possibly the original Old Jacob Townsend first set them afloat. These suggestions are offered simply as "first aids," with the hope that they may help you in your endeavor to get to the bottom of the matter. The only interest I have in them is to know that they are reliable guides to the rational employment of the medicines which were under consideration. Oh, no, doctor, the indications given are not the "rot and moonshine included in Schuesslerism." You must have forgotten about this "rot and moonshine" business. Hark, ye, while I give you a few lumps of the "science." "Buttocks and back asleep, urine spurts out with every cough, point of nose icy-cold, bleeding in the afternoon, hard to wake in the morning, stye on lower lid of right eye," etc. That is the kind of stuff that was referred to as "rot and moonshine." Can a better designation of such driveling "indications" be suggested? Many of the indications given by Schuessler for the chloride of potassium and some of the other salts are safe and reliable guides, and I repeat that it is possible for one to employ these salts without becoming a believer in the "rot and moonshine included in Schuesslerism." Truly, as the *Recorder* editor remarks, "this is a jolly world for sure."

I employ certain medicines because experience has shown me that in certain conditions, manifested by certain disease expressions which I have learned to recognize, they relieve distress and prolong life. For instance, when I find a child starting up from sleep, crying out and looking about in a frightened manner, I give it Rhus Toxicodendron in very small doses, and it is the whole State of New York against a Connecticut river shad that within twenty-four hours its sleep will be quiet and restful. As to the "How" and the "Why" of the action of remedies I know but little. Possibly there are doctors who know a "whole lot" about the action of medicines. I take no stock in this "tissue feeding" business. The entire subject I leave to the brainy men of the profession. Their articles make mighty interesting reading.

## NURSING BOTTLE.

A woman who is unable to nurse her child should personally see that the baby's nursing bottle and nipple are kept clean and free from odor. This is a duty which must not be entirely trusted to the nurse. It is a duty of the utmost importance and the mother is personally responsible for its faithful and thorough performance. If she cannot nourish her child as it was evidently intended it should be fed, she should at least *know* that it receives food free from life-destroying germs. If she is physically qualified to nurse her offspring and will not do so, she lacks the first and most important characteristic of true motherhood, and fails to comprehend the sacred object of her creation. After each nursing she should personally see that the

nursing bottle and nipple (turning the nipple inside out) are thoroughly washed with scalding-hot water, and then allowed to remain in soda water until again needed. Several nipples should be procured at one time, and as soon as the one in use shows the least tendency to become spongy, it should be destroyed, for it is then unfit for use. A plain four ounce bottle and a short nipple (no tubing) make a good nursing apparatus. The fancy graduated nursing bottles are an abomination. Their uneven surfaces afford spaces for the deposit of baby-killing stuff. A four ounce bottle will hold enough for a single feeding of any baby. No more food should be prepared at one time than is needed for immediate use. If the mother prepares enough at one time to supply the child for a half or a whole day, filling the bottle from it as required, she should be warned of the danger to which she exposes the life of her infant in no uncertain language. Mother's milk, even if it is slightly below the normal standard, is superior to any substitute. Next in value to human milk is cow's milk. It should be diluted with water sufficiently to make it one-fourth to one-half water. If it is not readily digested when diluted with clear water, barley water may be employed for the purpose. There are numerous prepared foods on the market with which every doctor is acquainted. Some of them are excellent, and at times life-saving, when for some reason cow's milk fails to afford the required nourishment. In my own practice Mellin's Food has many times served the purpose well, especially when a tendency to marasmus was apparent.

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## IVY POISONING.

During the summer and fall months the cases of ivy-poisoning which reach the office of the country doctor are sometimes numerous. This form of poisoning is produced by two species of plants—Rhus Toxicodendron and Rhus Venenata. Rhus Toxicodendron is not an ivy, but a creeping shrub. A variety of this species known as Rhus Radicans, or Poison Ivy, has a climbing stem and climbs trees and fences to which it becomes attached by means of tendrils. It is found by roadsides, in pastures and along the borders of woods. In many country places it is commonly seen covering stone walls. The juice and even the exhalations from it are very poisonous. Rhus Venenata, commonly known as poison sumach, is a small shrub. It is found mostly in swampy places, and is much more poisonous than the poison ivy. In the fall its foliage is very beautiful and brilliant. Actual contact with these plants is not in all cases necssary for the production of their poisonous effects, on account of their active principle being very volatile. Some persons are so susceptable that they are poisoned by simply passing by the places where these plants are in abundance. Fortunately ivy-poisoning is not a dangerous affection, although persons severely poisoned present a very distressing and dangerous appearance. The symptoms are heat, itching and redness of the poisoned parts, especially of the face, and later blisters appear, accompanied by increased heat and pain. If not properly treated suppuration may take place. No scars or permanent injury to the skin or general system need be apprehended, and there is no danger of "catching" it by contact with the eruption.

Various forms of treatment have been recommended for ivy-poisoning. The muriate of ammonia is a favorite remedy, and is promptly curative. A saturated solution freely applied to the parts involved results in almost immediate improvement. A saturated solution of the sulphite of soda (not the sulphate) is also efficient. Its free application quickly allays the itching and is very soothing. I seldom find it necessary to employ any internal medicament, unless there is a considerable increase in temperature, when occasional doses of the indicated sedative—Aconite or Veratrum—are administered.

## EYE DISEASES.

"Diseases of the Eye," by Prof. Kent O. Foltz, M. D., fully supplies a want which has been long felt by Eclectic practitioners of medicine, namely, a well written work giving the modern Eclectic treatment of diseases of the eye. It is not wise for the general practitioner to attempt to do difficult eye work, for it can be well done only by physicians who have had special traning and large experience; but every family physician should have sufficient knowledge of the eye and its wrongs to enable him to recognize these affections in their early stages, give judicious advice to his patrons, and decide when it is necessary for them to seek the aid of a specialist. A careful study of Dr. Foltz's work will not only prepare the general practitioner for these important duties, but it will enable him to successfully treat many minor affections of the eye. The work is squarely on the lines of specific therapeutics, and very explicit directions are given for internal medication. Specific diagnosis, as the doctor remarks, is as important in eye diseases as it can possibly be in any other class of abnormal conditions. The heretofore accepted plan of treating the eye as an independent and isolated organ in this work is abandoned. It recognizes the fact that drug action is always the same on tissues of the same origin. The diagnosis of diseases, and the directions given for all necessary examinations of the eye, are comprehensive and easily understood. No medical library can be complete without this hand-book, as it is the only up-to-date Eclectic work on this important branch of practice. It is beautifully illustrated, makes an elegant volume of about five hundred and sixty pages, and is published by The Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio. Price $2.50.

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## ACETANILID.

A number of years ago I was advised by a prominent homoeopathic physician to employ Acetanilid in a severe case of whooping cough which I was at that time treating. I did so with good results. I next used the drug in several cases of typhoid fever, and in numerous cases of other fevers in which the temperature was dangerously high. Occasional doses of the remedy soon brought the temperature down to a point which was pleasing. An unusual number of these cases, however, failed to make a rapid recovery, and in a few of them the heart's action became very much weakened. Several experiences of this nature convinced me that Acetanilid was an unsafe drug, and I now fully concur with Dr. A. Jacobi when he says, "it should never have an opportunity to show what good qualities it may have, in the rich or poor. It should not be used at all, under any circumstances, not even in the quack preparations which now and then I know to disfigure the prescriptions of regular practitioners. Being a derivative of anilin, acetanilid is poisonous. Not only has it a sedative or rather paralyzing effect on the central nervous system but it destroys the blood and causes anemia by changing hematin into methemoglobin, though given sometimes in small doses. That is what gives rise to cyanosis so often observed, more often than after the administration of any other of our modern analgesics and antifebriles. The poisonous effect is even noticed when the drug is used externally, mainly on the young."

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## SEA-SICKNESS.

Dr. A. B. Whitney, in writing to the Eclectic Medical Gleaner, speaks as follows of Specific Gelsemium in sea-sickness: "Could relate many cases of the controlling influence of the gelsemium in sea-sickness; but it will be sufficient to say considerably over one hundred cases have been under my care in traveling to and from on my trip across the ocean. Naval officers and private individuals, the strong, the weak, sickly and delicate, the old and young alike can be entirely exempt from the unpleasant and

nauseating effects of "feeding the fishes" by a judicious use of the remedy named.

"Every Eclectic is or should be familiar with the uses of this remedy. It should be administered in sufficient quantity to control the nerves of the stomach. It is not necessary to get the constitutional effects—the drooping eyelids and dilation of the pupils—though this will do no harm; but these are indications to stop the administration for several hours. My method is to but one-half teaspoonful into one-half a goblet of pure water. Take of the mixture one teaspoonful every one-fourth to one-half hour until the sickness has passed away. Keep upon deck as much as possible in fine weather. The medicine will control without regard to where the patient is, though the purer the air the better."

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Dr. R. L. Thomas concludes an excellent article on the summer complaints of children as follows: "For the blue pinched condition, cold extremities, doughy skin, and feeble pulse—in a word, where there is a condition of approaching collapse, inject hypodermically an ounce or two of normal saline solution; also use an enema of hot salt water."

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In reporting a case of dropsy from heart disease, Dr. A. B. Woodward says: "For three days the hiccough most of the time had been extremely harassing, with pain about the heart of a spasmodic character. Other remedies having failed, I ordered thirty drops of crataegus to be given at once in a small swallow of water. In five minutes the hiccough was entirely overcome and did not return until the next day, when it was again checked with fifteen drops in the same length of time."

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A writer in the American Medical Journal says that he never knew of a case of death from either Lobelia, Gelsemium or Veratrum Viride. In commenting upon this statement Dr. Younkin remarks: "I knew a case of typhoid fever where a 'regular' began the use of veratrum with 10 drop doses every two hours, increasing one drop every dose. Prevented from visiting the patient at the time agreed upon (twenty-four hours) the drug was continued to forty-eight hours. The patient succumbed to the poison."

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No narrow division or classification of medicines should be tolerated. All good and safe remedies should be recognized as Eclectic remedies. If we are to keep close up to the band wagon in the procession of therapeutic progress we must use every endeavor to make our treatment more and more efficient. Eclecticism is broad enough to cover everything good in medicine. The "fathers" were all right, but they did not live in the twentieth century.

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Now, honest, doctor, did you ever see a more practical and helpful medical journal than the June number of the Review? It looks as if the dean really intends to give you, and the thousands of other doctors who are going to subscribe, about $12.00 worth of working knowledge during the present year. Oh, by the way, have you sent your name and one dollar to him? If not, he will accept your subscription now, even if you are a little late.

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Doctor, do you use specific hyoscyamus as often as you should use it? Or do you think morphine or opium is so much more convenient and certain? Do not you do yourself an injustice and your patient a wrong when you give the opiate, when hyoscyamus would bring about as good results, and there would be no after-effects or danger?

Next time try hyoscyamus when you wish to allay irritation of the nervous system. It gives rest, promotes sleep, eases pain. It does not matter what the name of the disease, hysteria, hypochondria, mania, dysmenorrhea, convulsions, delirium, "hallucinations," chorea or chordee,

and so on down the line. Try it in some of your nervous cough cases. —W. E. Bloyer, M. D., in Gleaner.

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During July, August and September the largest number of cases presenting themselves for treatment to the general practitioner are bowel troubles; the largest number of cases, as well as the greatest per cent. of mortality, occurring among infants and children, (bottle-fed infants in paticular.) In studying the nature of their cases I find the general surroundings, the food, the clothing and the care and attention given the little ones has much to do with the cases coming under the physician's observation. In being called to attend a case of infantile diarrhoea, my first point is to inquire carefully into the nature of the little one's diet. If bottle-fed, I make a careful examination of the milk or prepared food used, and if it is not pure or wholesome, I give strict orders to have the matter remedied. I next look into the sanitary condition of things—the feeding bottle, clothing, bathing and general surroundings, and order them placed in proper condition, as near as lies within the power of the parents so to do. I am particular to always see that a soft flannel bandage be worn around the little one's stomach and bowels, order the child to have plenty of pure, cold water to drink, and to be fed at regular intervals.—Dr. N. A. Herring, in Chicago Medical Times.

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## CHLORAL HYDRAS.

*Common Name.* —Hydrate of Chloral.

*Description* — Chloral with water forms Hydrate of Chloral in transparent colorless crystals. It is soluble in water, in Glycerine and in Alcohol.

*Dose.*— 10 to 40 grains.

*Usual Dose.*—1 grain for each year of age up to twenty. It may be administered in Peppermint Water or some syrup.

*Indications.*— Convulsions; severe after-pains; tetanus, when not contra-indicated by a weak heart; acute mania, when the heart's action is good. Locally: ulcers and foul-smelling wounds; neuralgia.

Chloral Hydrate is a valuable remedy in many conditions, but it should never be used when the action of the heart is feeble. It is an essential remedy in peurperal convulsions. In delirium tremens it is among the leading hypnotics. Chloral is extensively used in insomnia, but it is unwise to employ this, or any other drug, for the purpose of producing sleep, when not absolutely necessary. Sleeping doses, except for temporary use, are very harmful. Twenty grains of the drug to an ounce of water makes an efficient application in indolent ulcers and foul-smelling wounds. Triturated with sugar, in equal parts, it constitutes a good pain-relieving application in neuralgia. It may be given by enema, in the same dose as by the mouth, adding the required dose to one-half glass of water.

Chloral Hydrate is sedative and hypnotic. In large doses it is a dangerous drug. The long-continued use of it causes, besides many other dangerous conditions, a gradual loss of physical and mental power. —Fyfe's Materia Medica and Therapeutics.

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## NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The meeting of the National was pleasant and interesting and a fair amount of business was transacted, the most important being the adoption of a Constitution and Bylaws, and, strange as it may seem, the only clause in the revision that seemed to interest and hold the attention of the membership was the one recommending a salary of $200 to the Recording Secretary. Over this almost an hour was spent, the Society finally voting it down.

At this meeting the applications for membership had to be accompanied by the initiation fee as recommended by President Boskowitz last year and adopted by the

Society. In this way quite a neat sum was added to that already in the Treasurer's hands so that the Society left Chattanooga with nearly a thousand dollars to its credit.

The meeting was called to order by President Standlee, Pitts E. Howes, Secretary, recording. Prayer was offered by Dr. Alonzo Monk, after which the society was welcomed in well-chosen words by the Hon. Joseph Wassman, Mayor of the City. To this welcome Prof. John Uri Lloyd responded in his usual telling manner. After this the Secretary announced a quorum present and the Society proceeded with its regular business. After the routine business the President read his annual address which was received with marked attention, after which the Society adjourned until Wednesday morning, as our "Southern Host" had arranged the afternoon and evening for our entertainment. We took a trip to Lookout Mountain, a delightful luncheon at Point Hotel, were photographed, etc.

The morning session of the second day was devoted to the reports of Committees and Section work, and in the afternoon a trip was made in carriages to Chickamauga Park, and the evening session was devoted to the revision of Constitution and Bylaws as referred to above. The third and final day the usual rush to finish business and Section work, select place of meeting, elect officers, etc. Resolutions thanking everybody for their attention were presented by a committee previously appointed, and a special vote of thanks and $100 in money, was tendered Pitts Edwin Howes of Boston, the retiring secretary, as a testimonial of appreciation of his services in the past. Milwaukee was selected as the next meeting-place, and the following officers were elected and installed:

President—G. W. Johnson of San Antonio, Texas.

First Vice President—J. P. Harvill, of Nashville, Tennessee.

Second Vice President—H. H. Brockman, of Eldon, Mo.

Third Vice President—L. Bailey of Middletown, Conn.

Recording Secretary—F. Ellingwood of Chicago, Ill.

Corresponding Secretary—N. A. Graves of Chicago, Ill.

Treasurer—W. T. Gemmill of Forest, Ohio.

The following are among the interesting papers presented at this meeting: "The Spirit of Evil," treating on the use and abuse of Mercury and its influence on the human system, by Dr. M. H. Logan of San Francisco; "Svapnia and Capsicum" was treated in a masterly manner by A. W. Vincent, M. D., of Valparaiso, Ind. Dr. Vincent also presented a paper on "Appendicitis." Dr. George W. Holmes of Sharples, Fla., presented a paper on "Erythromelgia." W. P. Best of Indianapolis, Ind., one on "Spinal Irritation." "The Man and the Remedy" was the subject of a paper by Dr. J. D. McCann of Monticello, Indiana. Dr. Eloise M. Feltz of Perry, Iowa, one on Crategus Oxycantha. Specific Medication and Gynecology was treated by Dr. Florence Tibbet Duvall of Atlanta, Ga., in a most masterly manner. Dr. W. E. Kinnett of Yorkville, Ill., interested us in the "Specific Use of Pilocarpine." Dr. W. E. Bloyer of Cincinnati, Ohio, gave a fine demonstration of his treatment of Hernia. This he illustrated upon the blackboard. J. R. Spencer of Cincinnati, O., a paper on "Electro-Surgery" and one on Nephritic Abscess. Dr. John Perrins of Boston, Mass., presented a most interesting paper and several specimens of Uterine tumors The title of his paper was "Diagnostic Symptoms of Uterine Tumors which justify Operative Interference." Dr. E. G. Trowbridge presented a fine paper on "Strabismus" and President G. W. Johnson one on "Mastoiditis and Periositis."

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## THE NEW ENGLAND ECLECTICS.

The seventh annnual meeting of the New England Eclectic Medical Association was held in the city of Montpelier, Vermont,

Tuesday, Wednesday and Thursday, June 4th, 5th and 6th, 1901. From its organization in 1895 up to 1898, the Association found its bark on troubled waters, which at times threatened its complete annihilation. The wise counsels of staunch friends prevailed, however, and at its fourth annual meeting, held in the city of Portland, Maine, in 1898, its fortunes changed and the organization has steadily grown in membership and importance, until today it takes high rank among similar organizations in the United States.

The meeting was held in conjunction with that of the Vermont Eclectic Medical Association, separate sessions for the transaction of business alone being held by each organization. Maine as usual sent a full delegation and every New England state except Rhode Island was represented.

Among the distinguished physicians from other states may be named Alexander Wilder, M. D., of Newark, N. J. who has been aptly styled "the scholar of Eclecticism." Graduating in medicine more than half a century ago, Dr. Wilder has spent his life largely in literary pursuits and in the teaching of liberal medicine. Bailie Brown, A. M., Ph. D., M. D., of New York, was also in attendance on the third day of the meeting.

The officers of the Association were Henry J. Potter, M. D., of Bennington, Vt., president; William C. Hatch, M. D., of New Sharon, Me., recording secretary; Herschel N. Waite, M. D., Johnson, Vt., treasurer; together with three vice-presidents ond a board of six censors. The time was fully occupied with business and the reading of essays reporting cases, discussions, clinical work, etc.

At the close of an informal evening session, where the practice of medicine had been the principal topic, an attentive listener, who as a professor had spent many years in medical colleges, remarked, "This is more instructive than any college lecture I ever heard."

The essays and addresses of the various sessions were likewise practical, interesting and highly instructive. President Potter's address claimed the closest attention of all, and before the final adjournment the following was introduced and unanimously adopted:

"Resolved, That we the members of the New England Eclectic Medical Association tender to Dr. Henry J. Potter, the retiring president, by a rising vote, our hearty congratulations and cordial thanks for the ability, kindness and courtesy shown as our presiding officer."

The officers for the ensuing year, elected on the closing day of the convention, are as follows: President, Wilbur Fisk Templeton, M. D., Glover, Vt.; first vice-president, Percy Lee Templeton, M. D., Montpelier, Vt.; second vice-president, Frank Winchester Snell, M. D., Dennysville, Me.; third vice-president, Edwin Morgan Ripley, M. D., Unionville, Conn.; recording secretary, William Collins Hatch, M. D., New Sharon, Me.; assistant recording secretary, Alfred H. Flower, M. D., Boston, Mass.; treasurer, Algernon Fossett, M. D., Portland, Me., librarian, Herschel N. Waite, M. D., Johnson, Vt.; corresponding secretary, George Adam Faber, M. D., Waterbury, Conn.; censors, Theophilus J. Batchelder, M. D., Machias, Me.; Alonzo D. Muchmore, M. D., Plymouth, N. H.; Frederick Wallace Abbott, M. D., Taunton, Mass.; Thomas Mulligan, M. D., New Britain, Conn.; Henry J. Potter, Bennington, Vt.; Stephen B. Munn, M. D., Waterbury, Conn.

By a vote of the Association the next annual meeting will be held at Hartford, Ct., Tuesday, Wednesday and Thursday, May 13th, 14th and 15th, 1902. The Association has during the past year freed itself from debt, and has a snug little sum in its treasury. With its increasing membership, and efficient board of officers, the outlook for the Association is indeed flattering.

Wm. C. Hatch, Rec. Sec'y.

## TENNESSEE STATE ECLECTIC MEDICAL SOCIETY.

The twenty-second annual meeting of the Tennessee State Eclectic Medical Society met in Chattanooga, Tenn., on June 17th, and after a very interesting and well attended meeting elected the following officers for the ensuing year:
Dr. W. N. Holmes, of Milan, president; Dr. J. G. McClelland, of Blountville, 1st vice-pres.; Dr. E. H. Byrd, of Sherman Heights, 2d vice-pres.; Dr. J. W. Pruett, of Hickman, cor. sec'y; Dr. J. P. Harville, of Nashville, rec. sec'y; Dr. G. M. Hite, of Nashville, treasurer.

## OHIO ECLECTIC MEDICAL ASSOCIATION.

The thirty-seventh annual meeting of the Ohio State Eclectic Medical Association will be held at the Beebe House, Put-in-Bay, Lake Erie, Ohio, on Tuesday, Wednesday and Thursday, July 16-18. The Executive Committee has arranged the program for a three days' session, and a large number of interesting papers and clinics. It is the intention to devote a certain portion of each day to business, the reading and discussion of papers and to clinics. An address of a general nature will be given the evening of the first day.

Officers for 1900-1901: President, John K. Scudder, M. D., Cincinnati; First Vice President,, T. D. Hollingsworth, M. D. Creston; Second Vice President, D. Clotts, M. D., Gahanna; Recording Secretary, W. S. Turner, M. D., Waynesfield; Corresponding Secretary, W. N. Mundy, M. D., Forest; Treasurer, R. C. Wintermute, M. D., Cincinnati.

## ITEMS.

A good secretary assures a good society.

Prof. Max Meyer is spending his vacation across the "pond."

The subscription price for the Review is one dollar a year. This is a good time to subscribe.

Dr. Hattie Montague, of Paterson, N. J., died June 10th, 1901.

Prof. H. Armgardt and wife have gone to Europe for a two months' tour.

In writing advertisers for samples or catalogue, kindly mention Eclectic Review.

Pitts Edwin Howes, M. D., was such a good secretary that we were really disappointed at his non-election.

It was a great pleasure to meet Drs. Halbert and Holmes of the Tennessee Society. They are earnest, active men.

Dr. Leonard Bailey, of Middletown, Ct., was elected one of the vice presidents of the National Association at its recent meeting.

Florence Tippett Duvall, M. D., of Atlanta, Ga., is certainly a worthy representative and we are glad to see her active in the "National."

Dr. M. Jackson, the popular physician of East 78th St., is taking a much needed rest from a busy practice by visiting the leading hospitals of Europe.

At the recent meeting of the National the only "smile" that could be obtained after 10 p. m,, was Dr. A. B. Young's. His was always on tap.

Dr. M. H. Logan, who has represented the Pacific coast "Eclectic" for several years, was at the Chattanooga meeting active and cordial as ever.

Drs. M. A. Daniels of Honey Grove, and C. W. Johnson of San Antonio, Texas, attended the "National" with quite a fine delegation from Texas. Both have been

active in the work of the National, although for a few years they were missed from its meetings Dr. Johnson's election to the presidency assures us of their active co-operation in the coming year.

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Dr. M. Scimeca, our successful and popular Italian Eclectic, had a narrow escape last month, having been run into and his carriage upset by a fire engine.

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Will the members of the New York State Society please send word to the corresponding secretary if they favor a meeting at the Pan-American Exposition in October.

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For a rest and a delightful sea trip take the sail on the Old Dominion Line Steamer to Old Point, Norfolk, and return. Their steamers are fine and their service admirable.

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Dr. Orrin Davis of Attica, N. Y., who can be hailed as one of the pioneer reformers, is still in active practice, is enjoying good health, and writes that he will attend if we have a meeting at Buffalo in October.

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Dr. V. A. Baker, of Adrian, Mich., who did good service in New York many years ago, has declined to serve on the Medical Registration Board of his State, his enormous practice demanding all his attention.

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Dr. J. P. Harvill, of Nashville, was the hustling chairman of the entertainment committee at the "National," and he hustled to some purpose. The entertainment furnished at this meeting was much more than was anticipated.

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Frederick Wallace Abbott M.D. of Taunton, Mass., whom our last issue announced as having lately received a Ph. D., from the National Normal University of Lebanon, Ohio, has just been made an A. M. by Taylor University of Upland, Ind.

## THE KING MONUMENT.

Thirty State delegates, one hundred visiting physicians, and over two hundred other friends were in attendance at the dedication of monument marking the final resting place of the venerable John King, M. D., one of the most distinguished of the Fathers of Eclecticism. The day was beautiful, and the ceremonies were appropriate. The following program was rendered June 16th, 1901:

Solo .....Mr. J. J. Moore
Opening Prayer. Rev. J. M. LaBach, D. D.
Prof. King in the Community.....
..... David W. McClung, Esq.
Duet .....
...Miss Flora Taylor, Mr. J. J. Moore
Prof. King in the Medical Profession ..
.....Rolla L. Thomas, M. D.
Closing Prayer..Rev. J. M. LaBach, D. D.

---

## FOR SALE AND EXCHANGE.

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## BOOK REVIEWS.

It is with great pleasure and a considerable degree of pride that we announce a second serial story in the "Bookman," by Prof. John Uri Lloyd. We feel that Prof. Lloyd belongs to us as well as to Cincinnati Eclectic Institute. Every Eclectic —East, West, North or South, feels a personal and, so to speak, proprietory interest in the Professor and when he launches a

new work we follow it with keen interest. The Bookman's announcement is as follows: "For 1901 The Bookman Serial Story, by John Uri Lloyd, author of 'Stringtown on the Pike.' 'Warwick of the Knobs,' a story of Stringtown County. To those who have read Mr. Lloyd's earlier book, any word of introduction to Stringtown and Stringtown County would be superfluous. The story deals with somewhat the same scenes and the same period. It contains, however, (unlike 'Stringtown'), practically no dialect, and little is said of the Kentucky superstitions, to which in "Stringtown" Mr. Lloyd gave so much attention.

"Warwick of the Knobs" is the study of a life such as men like Warwick met with Warwick's stoicism. These men were iron in the manner in which they clung to tradition, to home, to family pride, and above all to their religion and their God, whom they believed to be relentless but just. This description of Boone (Stringtown) County is such as history might record, but does not. The scenery, the people, the methods of worship, the prejudice, the sacrifice, have all been drawn from actual life.

There was no Warwick. At least there was no one of that name who presented the characteristics of the man whose name has given the title to this story. But with that, we might say, pure fiction ends. Beyond it everything lies somewhere or other in that borderland where the memory and the imagination meet and blend. Morgan scampered over these hills of Boone County at the head of his cavalry. He passed through here again after his escape from Columbus, and for a time was secreted on one of the knobs of Gunpowder. The ruins of the old church are still to be seen.

The story as a whole marks an advance upon Mr. Lloyd's first story, 'Stringtown.' To those who liked 'Stringtown' it will be a matter of interest to know that it is now in its fiftieth thousand. The story begins in the May Bookman.

## PAMPHLETS RECEIVED.

"Seventh Annual Report of the Massachusetts Board of Registration in Medicine." January, 1901, Boston.

"A Physiological Solvent in the Treatment of Pus Cases."
By Carl E. Munger, M. D., Waterbury, Connecticut.

"The Technique, Indications and Remote Results of Suturing the Pound Ligaments to the Vaginal Wall for Retroversions and Flexions of the Uterus." By Hiram U. Vineberg, M. D., New York.

"Diseases of the Blood in Their Relation to Surgery and Their Treatment." By George G. Van Schaick, M. D., New York.

"Normal Salt Solution in the Treatment of Hemorrhage in Typhoid Fever." By C. H. Andersen, M. D.

"A Local Medical Society." By Hopkins Pond, Pondsville.

"Tenth Annual Report of the State Board of Medical Examiners of New Jersey." 1900.

"A Method of Fixation for Loose Kidneys." By Robert T. Morris, M. D., New York.

"Notes on Ovarian Grafting." By Robert T. Morris, M. D., New York.

"Tuberculosis of the Testicle With Special Consideration of Its Conservative Treatment." By John B. Murphy, M. D., Chicago.

"A Case of Peliosis Rheumatica Caused by Traumatism." By Louis Fischer, M. D., New York.

"Pyelonephritis in Children With Report of a Case in Which Nephrectomy Was Successfully Performed." By Louis Fischer, M. D., New York.

"Lithaemic Affections of the Skin and Mucous Membranes." By A. B. Conklin, M. D.

"A Critical Review of the Literature of Mastoid Disease and Its Complications." By Seymour Oppenheimer, M. D., New York.

"The Closure of Cutaneous Wounds Without Inture." By Howard Lihenthal, M. D., New York.

"A Report Upon One Hundred and Seventy Cases of Appendicitis." By Robert T. Morris, M. D., New York.

"Pharyngeal Adenoids and Hypertrophied Tonsils." By J. H. Woodward, B. S. M. D., New York.

"Imperfect or Deficient Urinary Execretion as Observed in Connection With Certain Diseases of the Skin." By L. Duncan Buckley, A. M., M. D., New York.

"Red Cross Notes." Johnson & Johnson, New Brunswick, N. J.

Any of these may be obtained upon application to the authors. We would particularly recommend that you write for "Red Cross Notes." A small monthly pamphlet which always contains a large amount of valuable, instructive and up-to-date information.

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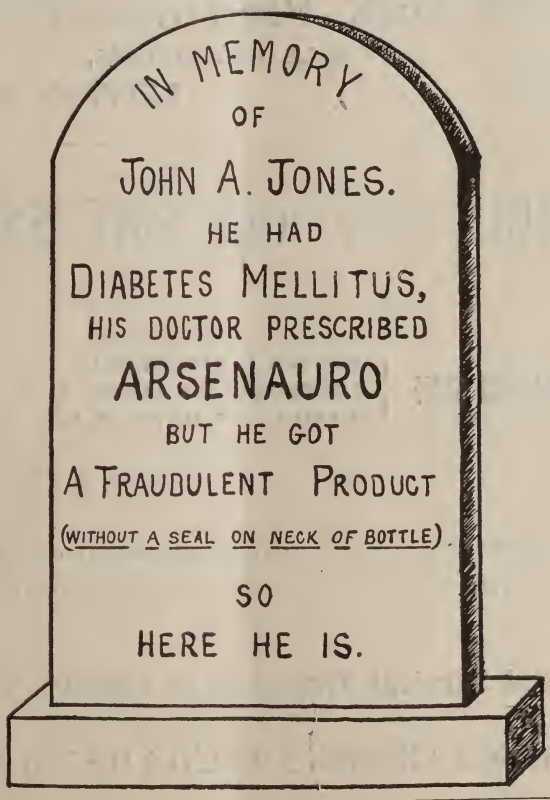


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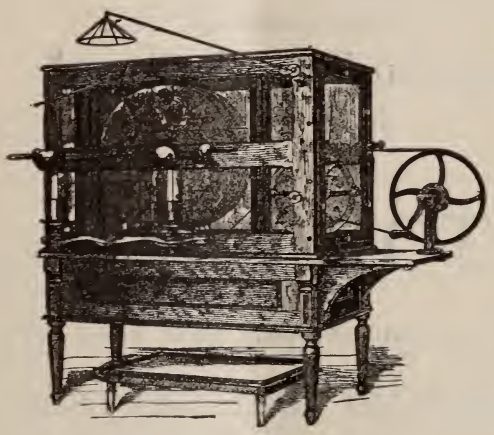

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# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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ITEMS.

## HENRY ARMGARDT, M. D.

Just as we go to press the sad news is received of the death of our friend and co-worker, Professor Henry Armgardt, M.D., at Harzburg, Germany, on July 29th. On June 15th the doctor and his wife left here to spend a few weeks in Germany. He was in his usual good health at that time and expected to enjoy a visit with old friends and relatives, many of whom he had not seen for years, for the doctor had left home when quite a young man, and this was his first visit.

The cable announcing his death has spread a gloom and sorrow over a host of patients, friends, and college associates; at the College he was always a popular teacher and reliable friend. Students never feared him for he won their love and respect. He filled the chair of Materia Medica and Therapeutics at the College for more than twenty years, and was a close friend and adviser of the Dean. For many years he practiced in Brooklyn, at No. 217 Leonard street. He leaves a widow, one son (who is a medical student) and a daughter.

Through the courtesy of Prof. L. E. Russell, of Cincinnati, we present to our readers a most interesting article on Syphilis by two prominent investigators in Pasteur's Institute, Paris, France, Drs. DeLisle and Jullien. During the section work at the National Dr. Russell spoke of the investigation and research along these lines, and we know our readers will appreciate his kindness in presenting to them a translated copy of the manuscript mailed to him by these famous bacteriologists.

## THE PROPOSED MEETING AT BUFFALO.

The officers of our State Society, after a thorough canvass of its members, have decided that a meeting at Buffalo during the month of October is not advisable. Two hundred notices were sent out requesting answers to the following: "Do you favor a meeting at Buffalo early in October? and will you atend?" Many seemed to favor the holding of the meeting, but few promised to attend.

## BACTERIOLOGICAL RESEARCHES ON SYPHILIS.

By Drs. Justin de Lisle and Louis Jullien.

We have the honor of presenting to the Academy of Medicine the researches which led us to the discovery of the pathogenic microbe in syphilis. Although the blood of syphilitic patients having been examined and found sterile from a bacteriological point of view, it is on this liquid that we have brought to bear our studies, because it seems impossible to us that the agent which scattered the infection through all parts of the body, would not be restrained there, and that we might hope to encounter the shelter of all the impurity. We have taken care in choosing cases of recent contamination, and remain exempt from specific medication.

After disinfection of the skin, we drew the blood directly from the vein, by means of a sterilized needle and syringe to the autoclave; we then examined the nature of the blood and the serum. In these conditions we established the presence of a round body, granular, very refractory, susceptible of passing the Chamberland filter, endowed with a mobility perhaps brownienne, and already seen by other observations. But be it in the cultures, be it by the inoculation of the animals, these products have not yet given any results.

We are not surprised, knowing that though the syphilitic blood for a time coagulated, is inoffensive, and we recall the celebrated experience of Pelizarri, inoculation the result of bleeding three young persons, one of which alone, proved contagious, the other two not having been in contact with the liquid thickened and already chilled; and the one of ours has not been written since 1886: "We believe that the virulent

matter is not a soluble point in the serum." These facts were brought to the knowledge of modern biochemistry, which was revealed in the blood after its coagulation, that is to say, in the serum, the presence of a large number of bacterium: only alexine.

To avoid the development of this substance, we have pursued our experiments with plasma, and with the liquid of a blister in which we have been able to discover the absence of alexine, that it was either a question of ordinary blister of the cantherides, or of the blister of the hammer applied with the instrument of Mayor, especially highly important, and on which we believe we are the first to discover this knowledge. The plasma obtained by the actual means used in the laboratories, we have several times discovered, contains bacterium in the form of bacilli; in all the cases we put it in the culture on the ordinary medium and of other species, we observed it attentively, and if in 48 hours, results were not positively shown, we treated it by the sac process. We have thus been able to reveal a bacilli of which we are able to-day to give the following signifying traits: This microbe is essentially polymorphe, its aspect varying from that of a short bacilli measuring 5x8 m. in length, and of 15 centiemes to 3 diziemes in width, to that of a filament very elongated; its extremities are vaguely rounded, not swollen like a club. It is animated in its movements, and evolves under the field of the microscope. It takes all the ordinary coloring matter but it is necessary to avoid its withering in the flame where the temperature is above 60 degrees; it can be tested with the advantage of alcohol or ether, or a solution of osmique acid or saturated with a sublimate watery solution, and an additional acetic acid. It does not take Gramm reaction. Placed in broth, it thickens in 24 hours; after four or five days it forms a thin scum, which does not spread or thicken. It slowly liquifies gelatine; in pricking, it does not determine a cone, nor run out; the liquid of the tube is thick and flaky, with a greenish shade, the gelatine not being colored, remains even on its surface. On the gelatine in a box, the mass appears in 4 or 5 days, rounded, with irregular extremities, grayish and in from 10 to 20 days, all the gelatine is liquified. On ordinary jelly, and a jelly of glycerine and peptonized, it produces a creamy coat, always humid, and a very light greenish tint. It sprouts very well on a potato, glycerined, in form of a whitish tint, neither dry nor scaled, which gathers at the bottom of the tube.

On solid serum it grows invisibly and without liquification. On amniotique liquid, it sprouts with abundance. On some of the many vaccines, with some of the cultures of pyocyanique, or of coli-bacilli, it sprouts very well. It does not congeal in milk, but precipitates casine into a greasy layer at the surface; the reaction is alkaline. Its anaerobic development is slow. It never produces pyocyanine nor indol. The greater part of these cultures are of an insipid odor, disagreeable but not fetid. The sudden modifications by this microbe are very important; at first its length was believed to measure that of an old culture; at the end of five or six days, it becomes stringy; after about ten days it is granular, and has assumed the aspect of the round points before mentioned, and seen in the plasma, but at this moment, the transplantation could make the bacilli to reappear with all the primitive characteristics.

At the end of 30 days, all is granular and seemingly dead, the transplantation in the middle, ordinarily remaining sterile, but at this moment, and later also, in the delay, that it is impossible for us to actually state precisely a passage by the sac could aminate all. In this body, therefore, there seems to center the firmer part of the virulent agent, and live, to all appearances, the astonishing survival of disease which we possess.

Our cultures injected into the peritonneum of the guinea-pig hastens on paralysis, emaciation, abortion, and death between 10 and 15 days. The young guinea-pigs are killed by the process in 12 hours. Injected under the skin, the same symp-

toms are found, the falling off of hair, and the greater formation of an indurated plate with ulceration, accompanied by obstruction of the neighboring glands. At the autopsy, we found the urine albuminous, the spleen contracted, sometimes the liver and kidneys in a fatty degeneration, and the blood always sterile.

In the frog, the effects are more striking, and death occurs in 36 hours. The fact that the cadavers of all our animals are sterile, we have brought about a research, if it is not the same in man, and we have stated without surprise, that on the many autopsies practiced in the special hospitals, science does not mention a single fact of specific contamination, by pricking in the amphitheater.

One cultivation of our microbes, 3 days old, and put in contact with the bloody serum of a syphilitic in force of symptoms, determined distinctly the agglutination, a phenomenon which was not produced with the serum of a healthy man. In the syphilitic, inoculation of our cultures be it on sound flesh, or a bloody rent, remains without any result.

At last, principal phenomenon, and to which permit us to call your attention, alexine contained in the serum of an immunized animal, from the repeated injections of syphilitic plasma, is settled on this microbe. We know that the reaction is due to the intervention of a substance, special sensibility, engendered by vaccination. Having injected the culture into the marginal vein of a rabbit, we bled the animal at the end of three days, and with its blood made some plasma and serum. The sowing of these products have given the following results: The plasma has furnished an abundant production of microbes, while those in the tubes with the serum remained sterile. The same experiments executed with the plasma of non-syphilitic patients, have never revealed to us the microbe of which it has come to be questioned. Let us sum up: 1st, We have found this microbe in the syphilitic in a florid stage, in all these syphilitics, and nothing in the non-syphilitic; 2nd, This microbe agglutinizes the serum of syphilitic patients, and does not agglutinize that of healthy persons; 3rd, It determines in animals of the labaratory, some of the special and comparable accidents to those which we observe in man; 4th, It fixes the special alexine of vaccinated animals with the syphilitic products; 5th, Its cultures are without effect on the syphilitic disease; 6th, As in syhpilis in man, our microbes have died with the infected animals.

For all these reasons, we say that the bacilli which we have succeeded in isolating in the bloody plasma attained by the disease of syphilis, is the pathogenic microbe of this infection.

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## GRINDELIA ROBUSTA.

By A. Waldo Forbush, M. D.

(Read at Massachusetts Eclectic Medical Society, June, 1901.)

A Californian remedy, introduced to the profession within a few years. It is a perenial herbaceous plant, a native of California, and grows on elevated plateaus, to the height of two feet or more, and by the common people it is called wild sunflower, and in general characteristics resembles our domestic sunflower.

This plant was brought to the notice of the medical profession by Dr. C. A. Canfield, in an article published in the Pacific Medical and Surgical Journal about the year 1870. Particular notice was called to this plant by Dr. Steele, of San Francisco, Cal., in a paper presented to the American Pharmaceutical Association in 1875, thus robbing Dr. Bundy of the honor of its introduction, as I can find nothing from Dr. Bundy earlier than the year 1878 or '79.

The dry plant yields a large amount of a balsamic oleo resin resembling the odor of summer savory, and when distilled in water yields a peculiar volatile oil and ...fers in odor from the plant. The therapeutical properties undoubtedly reside in this oleo-resin combined with a narcotic principle. A fluid extract with alcohol of the dried plant will give the proper characteristic principles of the plant. A green fluid

extract made from the green plant will fail of the desired result in practice. Many of the so-called Grindelia Robusta preparations, as found in the market, are often mixed with other members of the Grindelia family, particularly the Grindelia Squarrosa.

There has never been a satisfactory proving of the drug. Our knowledge comes from a little by little experience at the hands of many practitioners. I hope in the near future to give a proving that will at least be satisfactory to myself.

Therapeutically we can compare Grindelia Robusta with Quebracho, Sanguinaria, Lobelia, and Euphorbia. The clinical history of Grindelia Robusta turns around asthma and its allied affections. For there it comes as near being a specfiic as it is possible for any remedy. It will afford relief in all affections of the air passages. Chronic Bronchitis, Bronchorrhea — perhaps better classed chronic Pneumonitis— when associated with asthmatic paroxysms recurring at night, or on slight exertion from exercise, will be much improved by the use of Grindelia Robusta. It will also benefit those patients whose colds always take the form of asthma or dyspnoea. In these latter cases I would suggest not only the internal use of the drug, but an inhalation of the Grindelia as well—say one or two drachms in a pint of boiling water. My favorite method of use is to take a pint milk can, fill with boiling water, add two drachms of the fluid extract of Grindelia Robusta, and place as near the mouth as possible. This will give great relief, and the spasm will be over in from five to ten minutes. This treatment should be used as often as the spasms make their appearance. If it does not wholly remove the liability to the attacks, it will at least lengthen the interval between them, and render those which do come more mild.

Among the old residents of the Western coast Grindelia Robusta has long enjoyed an enviable reputation in the relief of asthmatic and bronchial affections of an intractable chronic character. But in order to obtain these results they are very sure as to the drug used. They do not depend —as most Eastern physicians, upon an unreliable article, which, resulting in failure and disappointment, leads them to cast aside as useless a remedy which deserves better treatment.

Grindelia Robusta seems to possess an almost specific action in certain diseases of the eye. In conjunctivitis and purulent opthalmia, it has been found very serviceable. Particularly in iritis is the power noticed. This, when traumatic, will always yield quickly to the Grindelia. When it arises from a cold or a climatic rheumatism, the remedy is almost as effectual, but in arthritic, syphilitic, and scrofulous iritis, it does not accomplish so much good. In other words, when the pain is intense, and the fever runs high, Grindelia will do good, but when the symptoms are sub-acute, and the disease progresses but slowly, it fails.

Dr. O. S. Laws, reports on Dec. 18th, 1898, Mr. F. asked me to look at an excrescence on the edge of the lower lid of his right eye, near the inner canthus. It had been about two months since first noticed. It looked, to the naked eye, like a wart, but under a magnifying lens the innocent wart was converted into a malignant imitation. A well-defined sinus was observed at the apex, out of which, like a young Vesuvius, it ejected an unpleasant fluid, especially at night, "that glued the lids together."

At least a dozen physicians had seen it before, and as they all in turn said "cut it out." He kept moving on to see if he could find one that could think of something else. I suggested local treatment for a reasonable time as a test, knowing that cutting out meant, not only a traumatic surface to begin with, but a notch in the eye lid in the end.

I thus told him, and immediately put him on Grindelia Robusta. In an ounce vial I put one-half drachm of Grindelia Robusta, sp. med., and filled the vial with boiled water, to be applied freely with the finger several times a day. In a week he returned, and as there was no noticeable change, either for the worse or better, and

no smarting of the eye, I felt encouraged and doubled the strength of the lotion. In another week he returned, and the small volcano was pale and wilted. On the third call it had shrunken almost even with the border of the lid, but still ejected some fluid. It is about two weeks since the last call, and I have no doubt but that he considers it a success.

This use of Grindelia was suggested by the reports of Drs. Coe and Webster. No internal treatment was used.

Grindelia Robusta is useful in Rhus poisoning, and in the stings of insects. It is a most excellent dressing for burns and scalds, where these are superficial. Applied by means of wet cloths it soothes the agonizing pain, and the sufferer will generally in a few minutes drop to sleep.

Chronic ulcerations, even when deep and fetid and extremely tender, may often be speedily cured by the topical and internal use of this drug. Make a wash by putting four drachms of the fluid extract in eight ounces of water, and keep the ulcers wet with gauze dipped in this solution. Also, give internally one drachm per day of the fluid extract, in divided doses, in water. Often in a few days, generally within a week a marked improvement will be made; pain and swelling will disappear, and the case will progress to a rapid recovery.

In the cough of phthisis when we have spasm and dyspnoea, Grindelia will be found highly ameliorative. In the cough of cardiac hyhertrophy, and in the short breath and dyspnoea from heart disease, and in heart complications generally, it will be found an admirable adjunct to digitalis, cactus and strophanthus.

In Pertussis alone, or in conjunction with chestnut leaves, Pulsatilla and Codiene, it will both modify the intensity and lessen the frequency of the paroxysms.

In rose cold, hay asthma and autumnal catarrh Grendelia once used will assert its value. Periodicity of those affections of the air passages, that have recurrence of symptoms as a condition, are greatly benefited by Grindelia. In many cases all the symptoms disappear as if by magic. In the recurrence the following year the symptoms will be in a much milder form. Some practitioners failure to relieve will be found in their lack of care in selecting their cases, with no regard for specific indications, for if used in a gunshot way we should expect only failure.

King says "Grindelia Robusta has been found efficient in some renal maladies." A more extended study tells us that Grindelia Robusta is often indicated in diseases of the genito-urinary organs of the female. In those painful conditions—as burning and intense itching particularly—which, have resisted all other remedies, Grindelia Robusta is the remedy. Its application soon brings relief. It should be used in hot water. Apply with a vaginal syringe two or three times a day. Also apply the mixture, by means of wet cloths, to the external parts changing the applications frequently.

In urithritis and vaginal catarrh, in chronic cystitis, in lucorrhoea and gleet, you will find the local and systematic use of this remedy fully equal to any we possess.

The discharge that particularly calls for Grindelia Robusta is of a whitish acid fluid, and most persistent in character, whether urithral, vaginal, cystic, or nasal in origin.

Grindelia will relieve the nausea and retching of cancer of the stomach. It also relieves the prostration of this undesirable condition, quieting the nervous system in conjunction with Bromide of Soda, and we can assure our patient of comfort at least.

Further investigation will undoubtedly develop other important uses for this already valuable addition to our materia medica.

The field of utility of Grindelia Robusta comprises all diseases of the respiratory tract attended with cough and dyspnoea. Attention is particularly directed to its value in the treatment of asthma—chronic in character—Bronchitis, Broncho-Pneumonia, Hay Fever, Whooping Cough, and Dyspnoea following heart complications. It is of value in the treatment of pulmonary

and laryngeal tuberculosis—with the characteristic spasmodic condition and shortness of breath. Its soothing influence is not obtained at the expense of the decreasing power of the respiratory muscles. Its freedom from depressing action when the heart renders it safe even in cases of cardiac deficiency.

The special points to remember in the use of Grindelia Robusta is its use in the spasmodic conditions of the air passages and heart, its specific action on trumatic conditions of the eye, and the local use in the many genito-urinary conditions.

Somerville, Mass.

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## TYPHOID FEVER.

By William H. Russell, M. D.

(Read before Boston District Eclectic Medical Society.)

Typhoid Fever has been classed as an infectious fever, occurring endemically, sporadically, or epidemically. These terms are of little importance, and in the light of modern investigation may be dispensed with. Various names have been applied to this fever. Slow Mucous Fever 1735; Typhus Nervosus 1760; Entro Mesenteric Fever 1820; Enteric Fever 1846; Intestinal Fever 1856; Ileo-Typhus 1857; Mountain Fever 1870.

Louis was the first to give a full and accurate description of this disease, to which he applied the name typhoid fever. The term Enteric Fever was suggested by the late Dr. George B. Wood. The term Intestinal Fever was suggested by Budd.

It is probable that the disease has occurred at all ages and wherever men have congregated in towns and villages.

Spigelius in 1624 seems to be the first author whose writings furnish positive evidence of the existence of the disease. Sydenham, in 1688, describes a fever in which the symptoms were diarrhoea, vomiting, delirium, a tendency to coma and epistaxis, and which was distinguished from "febeis pestilens" by the absence of a petechial eruption. Brettenneau of Tours was the first to distinctly point out the association between certain symptoms, and the lesions of the intestinal glands. About 1826 typhoid was frequent occurrence in Paris, and typhus was rarely seen.

The French physicians supposed that the fever which was then prevalent in England was identical with the fever with which they were familiar and which was described in their writings. The English physicians contended that there was but one form of continued fever, and this was seldom associated with lesions of the intestines. In the second edition of his work Louis recognizes the difference between typhoid and typhus. The confusion which existed in England was not dispelled until 1849, when Sir William Jenner demonstrated that typhoid and typhus were separate and distinct diseases. In Germany the fact that these were separate and distinct diseases was known in 1810.

American physicians have made numerous and important contributions to the literature and knowledge of typhoid fever. In 1824 it was described by Nathan Smith under the name of typhus fever of New England. In February and August of 1837 Dr. William Gerhard of Philadelphia published papers in the "Journal of the Medical Sciences," in which he pointed out the differential diagnosis between typhus and typhoid. The result of these two papers was, that the differential diagnosis between these two diseases was made clear to the great body of the physicians in the United States, long before the question was settled in Great Britain and France. Bartlett in 1835, James Jackson, Jr., of Boston, in the same year, Shattuck of Boston, and other American physicians have contributed to the literature of typhoid fever.

"From Greenland's icy mountains, to India's coral strand," in every country and clime where manhood exists, there may be found typhoid fever. Even in islands separated from the mainland by hundreds of miles of intervening ocean this disease may be found.

It has been observed that the predisposition to typhoid fever is greater during

childhood and early adult life—that is during the period of glandular activity.

The disease is unusually prevalent after very hot summers, accompanied by little rainfall; that is when the springs and sources of water supply are low.

The above would imply that the specific cause of typhoid must exist in the earth, and that the heat of the sun brings into activity the germs which have been lying dormant; that a cool summer, and the earth well supplied with water inhibits the action of the germs.

There seems to be direct relationship, between a limited water supply and this disease. Does the specific cause of typhoid exist in the lower stratas of the earth, and the water supply being derived from this source, during the heated period, account for the epidemics of typhoid which have occurred in the past? It has been noticed that the disease did not occur until after the heated term, during the early autumn or late summer. May we infer from the above that the first rains of autumn, as they are eagerly absorbed by the parched earth, take up and hold in solution the specific cause of typhoid, which has been elaborated and vivified by the heat of the sun in the upper stratas of earth, the water perculating through the earth, feeding the springs and sources of water supply, and bearing in its arms the specific cause of the dreaded typhoid.

In countries sparsely settled, a disturbing of the soil seems to produce malarial fever. After villages and towns are built up the disease assumes the form of typho-malarial fever; thus it looks as if the patient must be infected by the specific cause of both malarial and typhoid fevers.

Is typhoid a disease of civilization, or do the germs of the disease exist in the earth, and, like low forms of animal life, await the warm sunshine to awaken them to activity.

We know that certain diseases are caused by filth; that the specific cause exists in filth. We know that the specific cause of typhoid exists in filthy sewers. We know that epidemics of the disease have been caused by the water supply being contaminated by sewers.

We have all read of General Butler's exertions in saving the city of New Orleans from the epidemic of yellow fever, during the civil war; of the filth in the market; of the refuse from the meat which was strewn on the floor and trod into until it had accumulated to a depth of two feet—a festering, decomposing mass. Those who have read Smollet's works will remember the condition in other cities of the old world regarding sanitation. Garbage and decaying vegetable matter was thrown into the streets. There was no system of sewerage, and the plague, cholera, and malignant fevers, ran rife. In those cities of the old world it was dangerous to walk the streets after dark. It was a common thing to hear the splashing of fluids of various sorts as they were thrown from the open window of the chamber above into the street below; and the unfortunate pedestrian, who happened to be beneath that window was treated to a bath not soon to be forgotton.

It is but a few years since the differential dignosis between typhoid, typhus, sewer gas fevers, and ptomaine poisoning has been made clear; it is probable that cases which were diagnosed as simple continued fever, were in reality mild cases of typhoid. Cases are on record where chills, fever, diarrhoea, great prostration, violent delirium, intestinal hemorrhages, and rose colored eruption occurred shortly after partaking of meat which had been kept too long, and which was in a state of putrefaction. The resulting fever was supposed to be typhoid, but in the light of recent investigation the above enumerated symptoms were undoubtedly the result of ptomaine poisoning.

It is a difficult matter to believe that an effect may be produced without a cause. The predisposing causes of typhoid are said to be, Autumn season, early adult life, and personal susceptibility. We have already alluded to the autumn as being the usual epidemic season, also to early adult life as the period of susceptibility to the contag-

ion. The personal susceptibility is difficult to explain. It has been noticed that new comers, to a certain locality, are more susceptible to the infection than those who have been long residents. It is probable that the older residents have to a certain extent become immune to the poison. The condition of the glandular system is, undoubtedly, a great factor in regard to the susceptibility to the influence of the specific cause.

The bacillus of Eberth is undoubtedly the exciting cause of typhoid fever, but there must also be a susceptibility to the influence of the bacillus, on the part of the patient. All who swallow typhoid germs, undoubtedly, do not contract the disease. It is only those who are susceptible—are in a receptive condition. All who are exposed to cold do not contract pneumonia. All who inhale tuberculosis germs do not contract phthisis. But some man may say "the germs are the result of the disease." If this be true, what is the cause? "It is a morbific element which has gained entrance to the circulation." What is the character of this element? "I do not know, d—n the bugs!!"

The consensus of opinion is that typhoid fever is caused by a specific germ, the bacillus of Eberth; that the germs elaborate certain poisons, or toxines, which are absorbed and cause the toxic symptoms, which are seen in this disease. A principle called typho-toxicon is an important specifis poison elaborated by the germs. There are others that deny that germs are the cause of this, and other diseases, but contend they are the result of the disease rather than the cause.

When and where do the germs commence to elaborate the toxines? Do the germs elaborate these toxines wholly in the intestines, or are these poisons being excreted during the passage of the germs through the mouth and stomach, that is from the time the germs are ingested until they reach the region of the solitary glands, Peyer's patches, mesenteric glands, etc.? When and where are these poisonous principles first taken into the circulation? What length of time is required for the germs to reach the region of the small intestines, where we find the lesions peculiar to the disease? As the person, who is infected, has used water from the same source, or has received milk from the same supply, it is evident that he has been ingesting germs for some time before the characteristic symptoms of typhoid are noticeable.

*It is probable that the poisonous toxines of this disease are elaborated and absorbed into the circulation long before the germs reach the small intestines.*

It is my opinion that the germs of typhoid may be capable of causing the disease months, or even years, after being buried in the soil. It is a common practice in the country to bury the discharges from typhoid patients in a superficial manner in the back yard, in the earth, or in the dung heap. It requires only the vivifying heat of the sun to bring these germs into activity; the earth becomes dry, and they may be blown a long distance, and deposited in somebody's water supply. Therefore the discharges from typhoid patients should be destroyed thoroughly. During the late war with Spain, a great many cases of typhoid could have been prevented, if those in authority had been instructed in the first principles of sanitary science, and many a promising young life saved from an untimely end. Camps were laid out in unsanitary situations; in grave yards where the soil was already impregnated with the germs of contagious disease; the trenches were left uncovered, the discharges from typhoid cases reeking in the sun, the flies carrying the contagion from the trenches to the food supply, thereby infecting scores of men, when a knowledge of sanitary science would have prevented the spread of the disease. A few casks of lime used intelligently, would have destroyed the infectious principle contained in the discharges.

It is necesary that the germs of typhoid in order to become active, should be subjected to a certain temperature. It is probable that germs which are dormant may become virulent after ingestion. It is

probable that the germs from the recent discharges from a typhoid case are very active and malignant.

It has been said that germs are the result, and not the cause of disease. There are certain writers for the medical press, who never originate anything; whose sole stock in trade consists in criticizing the work of eminent scientists. These men criticize every new innovation with regard to the theory or treatment of disease. This same class existed during Jenner's day and have existed during the day of every noted scientist since. If their fallacious teachings extended no farther than their own immediate surroundings, it would be better for the younger members of the profession, who think that some of the cranky effusions of these men are founded upon experience. Of what is the opinion of a man worth concerning anti-toxine, for instance, who never used it in his practice. Grave responsibility rests upon the man who deters another from using a remedy, or a treatment, in good repute, when human life is at stake.

There is a specific cause for every disease. It is a universal law of nature that "like begets like." The specific cause of measles never caused yellow fever; the specific cause of diphtheria never produced pneumonia; the specific cause of scarlet fever never produced small pox, and the specific cause of typhus never produced typhoid. The study of specific infection should go hand in hand with specific diagnosis and specific medication. If certain drugs have affinity for special organs, and when these organs have departed from a certain standard called health will persuade them to return to the normal condition, from parity of reasoning, there must be a specific cause which affects special organs, influencing them to depart from the normal; and this cause may be explained, in the case of specific infectious fevers, by the germ theory, or what was formerly the germ theory, but what is now a self-evident truth.

Typhoid fever may undoubtedly exist without intestinal lesions. The bacilli of typhoid may be found in the blood or the tissues. In a case reported by Bryant, in the British Medical Journal, "the serum reaction was present during life, and the typhoid bacillus was obtained in almost pure culture from the enlarged mesenteric glands after death." It is probable that the tissues of the human body secrete an anti-toxine which will antidote the poison of typhoid to a certain limit. All who use water from the same supply do not contract the disease.

Typhoid fever is a constitutional disease, the specific germ of the diease causes morbid processes in almost every organ in the human body; and it seems that this is the primary effect of the bacillus. The fact that typhoid exists without intestinal lesions may explain why we have constipation in some cases of undoubted typhoid fever.

It is probable that the typhoid bacillus may be found in the blood and tissues of a person and yet that person not manifest symptoms of typhoid fever. The Klebs Loeffler Baccillus may be found in healthy throats. Why may not the typhoid bacilli be found in the blood, tissues and secretions of healthy persons? The blood and tissues producing an anti-toxine which inhibits, or antidotes, the action of the germs to a certain limit, which is more evident in some persons than in others. There is a suscepibility to the disease on the part of some individuals, especially during youth and early adult life, or during the period of cellular activity. At this period of life, the body requires the greatest amount of nutrition; absorption is carried on rapidly, and if the typhoid bacilli are ingested they are soon taken into the blood stream. It is probable that the blood can antidote a certain amount of this poison, but if the blood becomes surcharged, then the symptoms of typhoid fever develop. In persons farther advanced in life, the cells are less active, absorption goes on less rapidly, and a large amount of the poison is eliminated by the intestines, without setting up the symptoms of the disase.

The above statements being true, how

are we to make our diagnosis of typhoid? Not by the presence of the bacilli in the blood and tissues alone, but by the clinical symptoms as well. The serum test is a confirmatory test only. Since prominence has been given to the study of bacteriology, the study of therapeutics and materia medica has been neglected. Voluminous treatises have been written on the clinical history, pathology, and bacteriology of disease but the treatment has been summed up in a few words. "It is a self limited disease, and the treatment consists in allowing nature and the bugs to accomplish the cure. The bugs excrete a poison which in time will kill themselves, and nature will finish the job." It is strange that physicians will abandon a line of treatment which has proved curative in their hands, in a large number of cases, to run after new fads. A treatment which has benefited a given number of cases must be founded on a scientific basis, although it be used empirically. In the light of modern research the reason for the use of a special treatment may be made clear. If a certain treatment was ever curative, it is just as much so today as in the past. I do not refer to every fad which has appeared upon the horizon, and which exists now only as a shadow of the past, but to remedies which have stood the test of experience.

The diagnosis being made how shall we treat typhoid fever? This disease is essentially a form of septicaemia, and should be treated on strictly antiseptic lines. I have never seen a typical case of typhoid fever as laid down in the books. When I have made my first call, I have found a temperature of 104, or 105, indicating that the case was in the second, or third week—usually the second week. One case called at my office with a temperature of 103, who had been walking about for two weeks; the character of the disease not having been discovered.

The first indication in the treatment is to clear out the intestinal canal. I commence with a dose of calomel—about five grains—repeating the dose every five or six hours until the bowels have responded three or four times. I then commence with my intestinal antiseptic. I have used the Woodbridge treatment with good results, and believe the treatment to be founded on scientific principles. I have also used carbolic acid and iodine, with good results, as follows:—Carbolic Acid 5 per cent. solution one drachm, Tinct Iodine drachms two, mix, and give two drops, well diluted with water, once in two or three hours.

I have not used the sulpho carbolates extensively, but am favorably impressed with the results obtained. The sulpho carbolates in combination is the better way to prescribe them. If diarrhoea be a prominent symptom the sulpho carbolate of zinc may be used. If constipation the sulpho-carbolate of soda.

The treatment by the sulpho-carbolates has been brought prominently before the profession by Dr. Waugh, of Chicago, of Alkaloidal fame.

An elegant laxative is Seidlitz salt. I have used the salt as prepared by Dr. Abbott.

Arsenite of copper is a useful antiseptic, especially when there is nausea and irritation of the gastric mucous membrane. I use the drug in the form of tablets, each tablet containing 1-100 of a grain. I usually dissolve one, or two tablets in one-half glass of water, and give a teaspoonful half hourly or hourly.

Flushing the colon with hot solution of boracic acid or other antiseptic, is productive of good results, but in private practice is not always practicable.

If the antiseptic and eliminative treatment is carefuly carried out, there will be no delirium, tympanitis, coma vigil, sordes on the teeth, nor dry, cracked and fissured tongue, nor retention of urine. The patient will be so comfrotable that it will be difficult to keep him in bed.

Sponging with alcohol adds to the comfort of the patient, also sponging with tepid water. I have found no use for sedatives when the antiseptic treatment has been employed; the patients have also obtained a requisite amount of sleep, without opiates.

I use strychnine as a tonic when necessary. I have used Nucleine during convalescence with benefit to the patient.

In the treatment of typhoid fever use no depressants, and above all remedies fear the coal tar synthetical preparations as you would the devil. All of these coal tar preparations are heart depressants and should not be used in this disease, or in any disease where heart weakness is liable to supervene. If it be necessary to use a sedative, use a drug which has stood the test of time, and which will tone up the failing heart and produce sedation at the same time. If these gas house products are prescribed please ascribe the depression, cyanosis, and death to the real cause, and not to Providence. Coal tar has killed its tens of thousands. It is the fad, among a certain class of physicians, to give coal tar guarded with caffine. This is a delusion; there is no necessity for the use of this powerful heart depressant in typhoid.

I have not seen the indications for baptisia when I have used the antiseptic treatment. In some cases this remedy might be used as an adjunct to the antiseptic treatment. Echinacea is undoubtedly a valuable remedy in typhoid. I have not had occasion to test echinacea or echafolta but shall do so at my first oportunity.

The Brand method of treatment is not practical in private practice. The statistics from hospital practice show that this method has reduced the mortality of typhoid fever. The success of the cold baths has been ascribed to the effect of the cold in lowering the temperature, but the probable explanation of this treatment, is, that the cold baths inhibit the action of the poison producing element, and favors the elimination of the same.

The treatment of typhoid fever by Old School authorities has been in a very crude way. Quinine without regard to indications; stimulants in the same way; opium for sleeplessness without regard to the cause, and a freezing process to lower the temperature. The Homeopathic treatment has been less crude, and the results a little better.

Disinfectants should be used plentifully in the sick room. I recommend to my poorer patients chlorinated lime, or bleaching powder. After the bed pan is thoroughly washed with scalding water, the powder is sprinkled in the vessel, and the discharges are also freely sprinkled with the powder. I also have the powder placed in dishes about the room so that the odor is appreciable to both patient and nurse. I have noticed that the temperature is lowered, in about 24 hours, by the use of disinfectants in this manner.

It was the immortal John M. Scudder, who first systemitized the use of antiseptics in the treatment of the infectious fevers. Although the cause—or the specific germs—of these fevers was not known to him, yet he, by the working of that master mind, formulated a treatment for typhoid fever, years in advance of his brethren of other schools of medicine. He seemed to grasp intuitively, the underlying principle with regard to the application of antiseptics to the treatment of septic processes. He delved below the surface, and grappled with the cause whilst others saw only effects.

I was called on the 29th of October, '98, to see a young man 17 years of age. He had not been feeling well for about 10 days. I found the temperature 104 deg., tenderness of bowels on the right side, and other symptoms of typhoid fever. I commenced the antiseptic treatment, the temperature gradually going down, until on the 17th day the morning temperature touched normal, the night temperature being only 99. On the 21st day there commenced to be trouble with the bowels. I gave a small dose of calomel with a very small dose of podophyllin, which was followed by a small operation. The temperature commenced to rise—with a re-mission on the 23d day—until it reached 105. There was constipation and I ordered enemas. The mother of the boy gave him enema of soapy water, castor oil, and oil of turpentine, which did not return. Waiting a reasonable time, the second enema was given and that did not return. I did not care to

have more fluid thrown into the bowels, and happening to remember the composition of an enema, which some old woman told me would move the bowels after every thing else had failed—a mixture of molasses and saleratus—I ordered that used and it did the business. The temperature did not then drop as I expected it would. For several days I could not understand what was causing the trouble, until one morning the sister, who was assisting in caring for the young man, informed me that he had passed three large intestinal worms—lumbricoides. The temperature then gradually fell to normal.

I might cite other cases in which I have successfully used the antiseptic treatment, but I think this case will suffice. The presence of the intestinal worms was a severe complication. Perforation has been the result of this cause, cases being on record where the worms have been found in the abdominal cavity after death.

My experience has taught me that sedatives should not be used in the treatment of this disease. Aconite, veratrum, etc., should not be given in a disease which extends over weeks of time.

The diet should consist of milk, broths, etc., that is to say—a liquid diet. The question has been raised of late, whether all cases of typhoid should be confined to the bed, and the use of the bed-pan enforced? In the hospital the patient might be given more latitude, as regards moving about, as he is under constant surveilance, but in private practice, in the absence of the trained nurse, it would be deemed an extraordinary occurence for a person ill of typhoid fever to visit the water closet or stand on his feet. Some knowing, dear old soul, in petticoats, would doubt the correctness of the doctor's diagnosis and feed the patient with a goodly amount of boiled dinner, and tell the doctor that the pain and rise of temperature was due to a sudden cold which the patient had taken.

There is a large proportion of the profession who do not accept the germs as the cause of the disease. Although the profession is divided as to the cause of typhoid, I think that the use of intestinal antiseptics is acknowledged, by the practical physicians, as the most advanced and rational method of treating this disease.

The most certain and practical method of treatment is, undoubtedly, found in the antiseptic and eliminative treatment. I have mentioned some of the remedies which have worked nicely in my hands, and many of the physicians present have doubtless had equal success with others.

It is not a list of drugs to which I wish to call your attention, but to the indulging principle of the application of antiseptics to septic conditions. Every case of typhoid is a law unto itself. It is the patient and conditions found which must be treated, not the name of the disease. The conditions are caused by sepsis, therefore the treatment should be essentially antiseptic. antisepsis, elimination and conservation of the forces of the patient, will save many a life that would otherwise be lost.

But I say to you, brethren, prove for yourselves that which I have written, and hold fast to that which you find to be good, discarding the rest.

As we are all co-laborers, seekers after truth, let us ever remember that "the greatest friend of truth is time, the greatest enemy prejudice, her constant companion, humility.

Ipswich, Mass.

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DEPARTMENT OF

## SPECIFIC THERAPEUTICS.

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Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### SPECIFIC INDICATIONS.

We are still occasionally compelled to employ medicines deemed beneficial in the condition presented for treatment without knowing why they are indicated, or the

particular symptoms calling for their exhibition. But the wonderful progress which has already been made in the art of recognizing disease expressions and selecting indicated remedies, assures us that the day is not far distant when the language of all diseases, and their curative needs, will be to the specific medicationist plain aud comprehensive.

Our specific indications are in all cases reliable therapeutic guides, but perhaps in no class of diseases are these indications for remedies more positive and well defined than in the diseases of children. As an illustration, a few of the most frequently employed at this season of the year may here be mentioned. In diarrhoea, when the stools are green and painful, with gastric irritability and a red tongue, Lactic acid is the indicated remedy. If the skin is hot and dry and the pulse small and frequent, Aconite should be alternated with the acid. If there is vomiting of curdled milk, with greenish discharges from the bowels, Aqua calcis will aid in the treatment. When there is cerebral congestion, dullness, unnatural dispositiion to sleep, dilated pupils, or coma, Belladonna is the never disappointing remedy. When the face is bluish in color and there is prostration, nausea, exhausting discharges from the bowels, with cramps and cold extremeties, Camphor is an effective remedy. Green, watery, flatulent discharges with colicky pains and peevishness, are indications calling for Chamomila. When there is cerebral irritation, with determination of blood to the brain, flushed face, unnaturally bright eyes, contracted pupils, restlessness, and hot and painful head, which is rolled from side to side, Gelsemium has no equal. Very small doses of Arsenic are called for when the abdomen is painful, but not tender on pressure, there is a burning sensation in the stomach, flexed legs, emaciation, and a soft and flabby skin. Irritation of intestinal mucous membranes, with increased secretion, contracted tongue, nausea, vomiting or passive hemorrhage, are positive indications that Ipecac is the needed remedy. Pallid and expressionless face, yellow ring around the mouth, and abdominal pain pointing to the umbilicus, are symptoms which are promptly opposed by Nux Vomica. It is the greatest of all remedies for atony. Cuprum arsenitum is a potent remedy when there is irritability of mucous membranes, nausea and vomiting, spasmodic pain in the stomach and bowels and cramps in the extremities. Podophyllin constitutes an efficient medicament when there is indigestion, with diarrhoea, from gastric atony, hepatic and portal congestion, full and doughy abdomen, sallow skin and the tongue is broad and coated with a yellowish pasty fur, especially at the base. In atonic conditions of the gastro-intestinal tract, with excessive alvine discharges Rubus villosus is a useful remedy. When there is dyspnoea, nervousness, prostration and severe pain and involuntary discharges from the bowels, Aromatic Spirits of Ammonia is decidedly beneficial. Tormina and tenesmus, extreme pain and excessive discharges from the bowels are modified by the judicious employment of opium. Difficult respiration and great muscular debility, accompanied by feeble and tardy urination, are indications for Strychnine which cannot be misunderstood. When the tongue is deep red, full and broad, and covered with a dark brown glutinous coating, Hydrochloric acid is a remedy of value. In irritant diarrhoea, where the tongue is elongated and pointed, its tip and edges red, and there is "heart-burn" or "water-brash," Subnitrate of Bismuth should not be overlooked. Slight jaundice, sticking pain in the hepatic region, and greenish-yellow discharges from the bowels, are good indications for Bryonia. When the abdomen is tumid, the tongue looks patchy, and there are frequent bad smelling discharges from the bowels, Carbo-veg. will do much towards correcting the pathological condition. In diarrhoea, when there are sticking pains in the rectum, and hemorrhoids, Callinsonia is a needed remedy. Geranium is indicated in chronic diarrhoea when there are mucous discharges, accompanied by a constant desire to go to stool, and Hamamelis is a valuable medica-

ment, when there is a sensation of fullness in the rectum and a tendency to prolapsus ani.

## COLOR.

In making examinations of the sick, the color of all parts involved should be carefully observed, as it is many times of the utmost importance, and frequently suggests the needed treatment. A few brief references to color may be here made as an evidence of this fact.

In inflammation the increased color is the most important symptom, as it shows the character of the wrong and often the indicated remedy. If the color is a bright, healthy-looking red, the inflammation is simple, and not likely to cause serious damage to the part, or the body at large. It shows that the irritation and determination of blood are not sufficiently extensive to prevent a life-sustaining circulation of the blood. Here sedatives should be administered, and also used locally, the selection of the sedative being made in accordance with specific indications. If the color is deep red and has a dull appearance, there is an arrest of circulation and an impairment of the life of the part afflicted. This color shows that the capillaries are enfeebled, that the circulation in them is sluggish or arrested, and that, unless the abnormal condition can be removed, the part is sure to be destroyed. If a local application is here employed it should be stimulating in its nature, and all internal medication should be of the same character. If the color becomes blue or purplish it shows that there is an obstruction to the circulation *from* the part to an extent which is unsafe. The distinctive, vivid red color and shining appearance of erysipelas is an evidence of a change in the blood of a zymotic character. It is also seen in other zymotic conditions. It should always be regarded with apprehension. Different shades of this color are seen In some cases the redness of most of the part is vivid, but the edges of the local wrong show simply a flush, the part does not look very dry and the constriction is not great. In such cases Veratrum viride is the internal and topical remedy. In some other cases the color is extremely vivid, the part is very dry and greatly constricted, with sometimes a pustular eruption and small, sharp pulse. Here the remedy is Rhus Tox. In other cases the redness has a deeper shade. In such cases the internal and local medicament should be the tincture of muriate of iron. The patches of changed color which are sometimes seen on different parts of the body, and generally known as "liver spots," and believed to be caused by some change in the bile pigment, are frequently associated with indigestion. Padophyllin is here the indicated remedy.

## WAS IT PHTHISIS ?

In March, 1898, I was called to see Miss B., aged 19 years, and on examination found the following symptoms: Pulse 100, temperature 101 deg., respiration 20, and marked dullnes at the apex of the left lung, with moist rales. She was suffering from a very harsh cough, night sweats, slight hemorrhages almost daily, was very hoarse, and had lost ten pounds in weight in less than two months. Her illness had begun with a severe cold taken three months previous to this examination.

I directed the patient to take five grains of Guaiacol Carbonate three times a day for one week. At the end of this period her cough was less harsh, expectoration less difficult, night sweats less, and but two hemorrhages had occurred during the week. Her pulse, temperature and respiration were unchanged. The dose was increased to ten grains three times a day. At the end of another week her condition was slightly improved, and she was directed to take ten grains of the remedy six times a day. On examination at the end of the third week of treatment I found that her pulse was 80, her temperature 99 deg., and her respiration 20. The night sweats had ceased, her cough was not distressing and she expectorated with ease. There had been but four hemorrhages since beginning

the use of the Guaiacol carbonate. The treatment was continued and she continued to improve. At the end of two months she had regained her usual weight, the rales, as well as the dullness at the apex of the left lung had ceased. Her pulse and temperature continued slightly above normal for eighteen months, and her hoarseness was marked for two years. During the past year she has had two slight hemorrhages the last a little more than two months ago. She considers herself in good health, but I still have her case under observation, and intend to continue the Guaiacol carbonate for at least another year.

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## GUAIACOL CARBONATE.

*Description.*—Guaiacol is the active principle of creosote. Guaiacol carbonate is a combination of guaiacol and carbonic acid. It contains about ninety-one per cent. of guaiacol and nine per cent. of carbonic acid. It occurs in crystalline form, is odorless, tasteless, insoluble in water and neutral in its reaction.

*Dose.*— Five to ten grains three times a day. The dose should be gradually increased until the quantity administered daily amounts to from fifty to ninety grains. In typhoid fever from fifteen to thirty grains should be given night and morning.

*Indications.* —Violent cough, accompanied by continued fever, poor appetite, night sweats, and sleeplessness; expectoration of a bad odor; dullness at the apices of the lungs; sibilant rales and rhonchi; septic condition of the intestinal tract.

This medicament has been used in many cases of phthisis with decided benefit. Under its influence the appetite and bodily strength increase, the cough becomes less violent, the night sweats cease, and the general health gradually improves. It should be continued for at least one year from the date of the disappearance of all of the symptoms. In typhoid fever it allays gastric irritability, arrests abnormal fermentation, eliminates poisonous materials, prevents complications and shortens the duration of the disease.

Guaiacol Carbonate is antiseptic. It checks the development of micro-organisms.

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In speaking of his treatment of heat-sick babies, Dr. W. E. Bloyer says: "One poor little thing, so frail and tender that it seemed a breath of wind might waft away the little life that remained, lay upon its pillow pale and gaunt, its hollow eyes never closing in balmy, restful sleep, it continuously tossed its tiny head from side to side; its tongue was pointed, papillaed, dry—protruded frequently. Every few minutes that sharp, shrill cry, which you have so often heard, was sent out by the little sufferer for relief that did not seem to come. How eagerly it took water from the spoon when proffered; how those eyes rolled in watching that spoon and the hand that was taking it away." Five drops of Specific Rhus tox. were added to four ounces of water, and a teaspoonful of the mixture given every half hour. The child made a good recovery. Another case the doctor refers to as follows: "It lay upon the pillow as if dead; the hands were cold and blue; the veins showed prominently; the face was pale as death and cool, expressionless; the eyes were dull, lustreless, half closed, the pupils dilated; the head and belly were hot: a cold, clammy perspiration seemed to be oozing through the lifeless skin; respiration was of a don't-care variety, and life seemed to be upon the very ebb. Specific Belladonna five drops to four fluid ounces of water, and a teaspoonful every half hour, was to this baby what rhus tox. was to the other—a savior."

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Dr. A. Jacobi, in speaking of emergency remedies, says: "One of the best stimulants, useful in the gravest of all cases which are attended with collapse and heart failure, is sadly overlooked among us, viz., Siberian musk. I know of nothing better in the most urgent cases. A child of two years should take of the 10 per cent. tincture five or ten minims every half hour until half a dozen or a dozen doses have been taken. Musk, together with large, hot enemata, has led

me over many a difficult pass, and I again offer this experience of mine, which now extends over fifty years, as a contribution to your aid in dire distress, always, however, reminding you of the fact that all these measures are not exclusive to influenza, but to all conditions of nerve exhaustion, no matter from what cause."

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"A Syllabus of Eclectic Materia Medica and Therapeutics," is compiled from notes taken from the lectures of Prof. Frederick J. Locke, M.D., and contains the substance of his lectures on Materia Medica and Therapeutics. Prof. Locke is one of our ablest teachers, and his lectures constitute a very interesting and instructive study of Eclectic therapeutics. As a work for collateral reading it is of great value, and should be in the library of every physician. It makes a neat volume of about 500 pages, and is published by Scudder Brothers, 1009 Plum street, Cincinnati, Ohio. Price $2.50.

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Rectal injections of hot saline solution, says Dr. T. B. Greenley, are urgently demanded in all cases of collapse due to excessive hemorrhage or purgation. The solution should be made by adding one ounce of common table salt to a gallon of water at 110 to 115 deg. F. One-half gallon of this solution should be injected into the bowel and retained by pressure on the anus, for about half an hour. The fluid is rapidly absorbed by the sigmoid flexure and colon. The injection may be repeated as needed. The doctor believes this injection superior to transfusion. The fountain syringe is preferable, but a common hand syringe will answer the purpose.

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Dr. John M. Batten says that a pregnant woman suffering from nausea and vomiting should have a glass of milk or any food she may desire constantly near her at night so that she may satisfy her hunger at any time. Before rising in the morning she should have coffee, milk, eggs, mutton chop, beefsteak, buttered toast, or whatever she may fancy. During the day she should take at least three more meals. The doctor says that fasting during the night is conducive to sickness in the morning.

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From an able article by Dr. George W. Kober, giving an account of numerous cases of infectious diseases spread through the milk supply, *Pediatrics* condenses the possible ways in which milk may be dangerous to health, as follows:

1. Sour milk, or milk on the point of souring, is liable to produce gastric and intestinal catarrhs of acute or chronic character; as an example we have cholera infantum. The causes of souring are a lack of cleanliness and high temperature.

2. Milk may be unfit for use and cause sickness because the animals are improperly fed or are being treated with the various potent therapeutic agents which are eliminated through the mammary gland. The writer states that symptoms of poisoning from arsenic, copper, iodin, lead, mercury, tartar emetic, atropine, colchicum, croton oil, strychnine, veratrum viride, etc., have been thus occasioned.

3. Milk may be the product of a diseased animal. The author states that local diseases of the udder, as garget, which causes pseudo-diphtheria, as well as general diseases may be thus conveyed to the consumer. Among general diseases are "septic fevers, foot-and-mouth disease, cowpox, anthrax, pleuro-pneumonia, rabies and tetanus."

4. Tuberculosis he considers to be frequently acquired from milk.

5. Finally, but by no means least important, milk may acquire specific infective properties after it leaves the udder of the animal. The epidemics discussed in the paper are chiefly epidemics of typhoid, scarlet fever and diphtheria.

To the above headings might be added sophistication with chemicals; those most used at the present time are borax, boracic acid and formalin.

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## THE "IMPRESSIONIST" IN MEDICINE.

In looking over an exchange we recently saw the following, which formed part of

an article on typhoid fever. "For the last three years I have been giving to my typhoid fever patients muriatic acid, with excellent results. The symptoms of meteorism and diarrhoea have appeared to be much less prominent. There have been fewer pulmonary complications also, and I believe that the mortality has been lighter and that the patients have passed through the disease with fewer bad symptoms generally. My impression is, also, that the duration of the fever has been shortened. I have not notes of all nor a majority of my cases, but I am so convinced of the value of this acid th · I venture to call renewed attention to an old but somewhat neglected remedy."

This well illustrates the faulty and valueless system of reaching conclusions used by so many physicians. Medicine is not an exact science, but so much the more is it necessary to use every possible means to make it such. We consider the observations above recorded as of almost no value whatever. His conclusions are only impressions; the numerous factors which enter into the etiology and pathology of typhoid fever are not considered. The number of cases is not given, nor the age, or sex, or character of epidemic, if there was any.

Many a doctor, in treating disease, gives a certain remedy with apparently excellent result. Immediately he feels confidence in his new drug; his views of subsequent cases are colored by his enthusiasm over a single success. His therapeutic method for years, in particular diseases, turns upon the happy ending of the first few cases. He is the victim of a rose-colored "impression."

This constitutes what we choose to call "the impressionist system in medicine." It is now and always has been the bane of therapeutical science. We have fashions in medicine, because fancy, more than exact method, so often determines what drug we shall use.

It would be well if some one could define for medical men the sources of error in reaching therapeutic truths, the minimum test which a drug must undergo in order to take rank as a remedy. This has been done in a certain indefinite way for some diseases, but we need more careful and extended determinations.

The impressionist method is very well in art, which interprets nature from an emotional standpoint, but only exact observation and careful deduction are allowable in medicine, which at least strives to be a science.—Massachusetts Medical Journal.

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## OHIO STATE ECLECTIC MEDICAL ASSOCIATION.

Waynesfield, Ohio.

G. W. Boskowitz, M. D., New York, Editor Eclectic Review:

The recent meeting of the Ohio State Eclectic Medical Association, held at Put-in-Bay, July 16, 17, 18, 1901, was one of the most successful in its history.

Much credit is due our worthy President, Dr. J. K. Scudder, to whose arduous labors the Association is greatly indebted, for the success of the meeting.

The election of officers for the ensuing year resulted as follows:

President—S. Schiller, M. D., Youngstown, Ohio.

First Vice President—Charles G. Smith, M. D., Cincinnati, Ohio.

Second Vice President—R. V. Dickey, M. D., Lima, Ohio.

Recording Secretary—W. S. Turner, M. D., Waynesfield, Ohio.

Corresponding Secretary—W. N. Mundy, M. D., Forest, Ohio.

Treasurer—R. C. Wintermute, M. D., Cincinnati, Ohio.

Next place of meeting—Hotel Victory, Put-in-Bay, Ohio.

W. S. TURNER, M. D.,
Recording Secretary.

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## "AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS."

The American Association of Orificial Surgeons will hold its next annual meeting in Chicago about September 18th and 19th. Although quite separate Prof. Pratt's Clin-

it will be held the same week, beginning September 16th. To those familiar with orificial methods and their practical application to the cure of chronic diseases no special appeal need be made other than to urge their presence or attendance at this meeting, as it promises to be one of the best held since the organization of the Association. Lectures and papers have been promised by some of the most prominent medical men of the country. The discussions will be lively and interesting and our knowledge of the work will be brightened and widened. To those who are not familiar with orificial ideas and theories and practices, we can say that there can be no more auspicious time to gain a practical knowledge of orificial surgery than at this meeting of the Association. The whole field will be brought within reach. Due attention will be given to preparatory work, and the fundamental principles thoroughly expounded and illustrated by some of the brightest surgeons in this country. Due attention will also be given to after-treatment, theraputical and otherwise. Papers and discussions will embrace the whole idea and give to the sum and substance of more than fifteen years work along lines that have yielded prodigious success to the surgeon and general practitioner. No live man can now afford to ignore orificial surgery or be absent from this meeting.

W. E. Bloyer, M. D., Pres.,
Cincinnati, O.
Henry C. Aldrich, M. D., Sec.,
Minneapolis, Minn.

## TEXAS ECLECTICS.

It is with pleasure that we announce that Texas has placed herself in the ranks of the few states where the men of our school have insisted upon their rights and succeeded in having three separate and distinct boards representing three schools of medicine with equal rights and privileges. The members of the Eclectic board are as follows: G. Helbing, Bonham, president; C. D. Hudson, Waco, vice-president; L. S. Downes, Galveston, secretary; E. L. Fox, Houston, W. J. Bell, Gainsville, N. V. Mitchell, Dallas, Chas. Dowdell, Ennis, J. N. White, Queen City, G. W. Johnson, San Antonio. On September 2, 1901, the board will meet at Houston to examine applicants.

## ITEMS.

Dr. Herman Scaison has moved his office to 218 West 4th street.

This is a good time to subscribe for the Review. Price One Dollar a year.

Book reviews have been crowded out of the August number, and will appear in September.

On September first Dr. G. W. Boskowitz will occupy his new office and residence at 140 West 71st street.

Dr. Minnie Heffter, one of our recent graduates, proves by her successful business that women are not failures in the profession.

Visit Muncie Island for rest and recreation. It is opposite Babylon, L. I., and Drs. E. H. and L. H. Muncie will be sure to take good care of you.

Dr. Leon Cherburg, of 52 Eldridge street has been kept so busy that he could not take his usual vacation this summer, but hopes to do a little hunting in the fall.

Dr. T. W. Pomroy, who, for years has spent his summers at Pembroke, Maine, has just completed a beautiful new house. It is said to be one of the finest villas in the state of Maine.

## PULTE MEDICAL COLLEGE.

The fire of July 16th in Pulte Medical College of Cincinnati, was due to crossed electric light wires in one of the laboratories. The damage done was covered by insurance and repairs to building, apparatus, instruments and equipment will be completed in ample time for the opening of Pulte on October 2d.

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VOL. IV. SEPTEMBER 16, 1901. NO. 9

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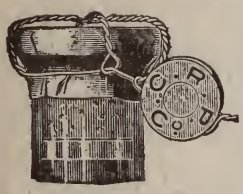

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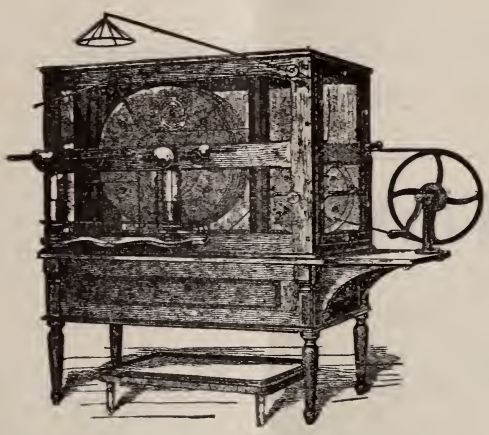

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# THE ECLECTIC REVIEW

EDITOR: G. W. BOSKOWITZ, M. D.

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SELECTIONS. ITEMS.

## SUBSTITUTION.

We do not believe that every Pharmacist is dishonest, but we do know that the evil of Substitution is growing, that appeals to honesty and integrity or that old-fashioned commodity that they call conscience, nor even legislation has not stopped it, so the physician will have to join hands with the honest pharmacist to prevent it. When you write for a specific article or compound take pains to explain to the patient that you desire a certain manufacturer's product, or, if the article is put up in original or special packages, describe them and insist that they inquire of the druggist before purchasing and be allowed to see the article, or have them return to your office with the article and you examine it for them. This, of course, will take some time, but it will pay you in the end, for if your patient does not improve as you think he should you will not have to worry and wonder if he obtained what you wrote for and some cheaper and inferior article.

## QUERY DEPARTMENT.

At the request of many subscribers we will, with the October number of the Review, start an Inquiry Department, which will be in charge of Dr. Pitts Edwin Howes of Boston, Mass., and our subscribers are invited to freely make use of this department, addressing their inquiries to Pitts Edwin Howes, M. D., 703 Washington St., Dorchester District, Boston, Mass.

## COLLEGE OPENING.

The Eclectic Medical College of the City of New York will open on September 24th, and the prospects for a large class were never better. The enthusiasm awakened at our last Alumni meeting has had a lasting effect, and the members have been active in their search for good material to start the class in the new college building, on which we report progress this month and in the October Review we hope to report in detail.

## ROTHELN.

(Read at Massachusetts Eclectic Medical Society, June, 1901.)

By William Wyman, M. D.

Ladies and Gentlemen, Members of the Massachusetts Eclectic Medical Society:

Rotheln is a disease about which our text books offer a great variety of opinions, some passing it by with only a slight mention; while others accord it the attention it deserves.

In some epidemics it appears to be very mild, while in others it is very severe. My own experience teaches me to regard it as a serious disease, almost, if not quite, as dangerous as scarlet fever. While I have had no fatal cases, neither have I so far in scarlet fever.

In this short article, I shall not quote from text books, as we all have access to them; but simply give the result of my own observation.

German measles is certainly a contagious disease like scarlet fever, appearing from seven to twelve days after exposure. The patient appears dull and listless for two or three days, complains of headache, followed by a more or less well marked chill, with sore throat, while nausea and vomiting are quite often present.

The eruption appears first invariably upon the chest and back, spreading upon the body and upward upon the neck and face, although if looked for, like all other eruptive diseases, it can be seen in the throat and mouth before it is manifest elsewhere.

The throat is nearly always sore, presenting a reddened appearance, with more or less white spots, and tonsils swollen.

When first seen upon the chest and back the eruption resembles scarlet fever, though darker in color, and as it extends to the extremities it becomes coarser, more nearly resembling that of common measles. The white streak on pressure, though not as marked as in scarlet fever, is generally present. The tongue is coated white, becoming brown in severe cases; but does not show the strawberry redness of scarlet fever.

The temperature varies from 100 degrees

to 101 to 104 or 105 degrees, subsiding as the eruption reaches its height. Itching is almost always present making the little patient very restless and uneasy, causing much loss of sleep.

The secondary complications of enlarged cervical glands and albuminuria, so common in scarlet fever, are rarely met with, Desquamation, varying with the severity of the eruption, is always present. In several cases which I have recently treated, jaundice in a severe form accompanied the convalescence, but yielded readily to Chionanthus with a mild diuretic and laxative.

My treatment is based upon specific indications, and usually consists of Aconite with Belladonna or Bryonia, if the eruption is tardy; Ipecac in small doses for nausea; Gelsemium if patient is restless and nervous; with Phytolacca and Baptisia or Echafolta for throat and glandular troubles.

If the throat is much sore, a gargle or spray of Lloyd's Hydrastis and chlorate of potash, ounces one and drachms one, respectively, to four ounces of water is used; with subnitrate of bismuth if a diarrhoea is troublesome. For the itching which is so annoying I have the patient rubbed several times a day in cocoa-butter.

The diet should be mild and non-irritating. Milk is a favorite with me in all febrile diseases, but usually one or two tablespoonfuls of lime water is added to each glass of milk. When this is not well received, the white of egg beaten and flavored to suit the taste is good. Broth made from lean beef or mutton is also used, as is chicken broth, unless diarrhoea is present.

I do not use cathartics in eruptive diseases, although a mild saline laxative is often required.

I presume you will not all agree with my views on the subject of German measles, and I confess in the early stage of the disease it is almost impossible to diagnose the difference between it and scarlet fever; hence I think a great many physicians err, perhaps on the safe side, by calling it all scarlet fever, and quarantining accordingly.

Cheyenne, Wyo.

## A CONTRIBUTION TO THE MALARIA QUESTION.

By Dr. A. Kreidmann, Altona, Germany.
Translated by Dr. Max Meyer.

Carl Schwaibe, of Los Angelos, Cal., is the author of a very interesting book on Malaria. Prof. E. Grawitz, in Vol. II, No. 8 of the German Medical Gazette, criticises the work, saying: "Although we consent to these views we must say about the second part, which treats of malaria in animals that it belongs to the literary oddities about which it is hardly possible to give an objective verdict. Briefly we might say that the author claims to have proven by experiments the living plasmodium or amaeba in the blood by subjecting animals to the contact of noxious gases, as i. e., the gases of hemp roasting. Consequently no micro-organism but simple changes in the organs are the causes of malaria. It does not seem to us advisable to go deeper into the matter."

The last sentence characterizes fully the spirit which dominates today modern medical science and investigation. The would-be law—without bacilli no disease—is regarded as a mathematical truth or axiom, from which medical science proceeds. Only he who makes a discovery in this direction can count upon recognition and verification; but he who makes a contrary discovery, proving that the disease (here malaria) is produced by toxic gas and the bacilli (here plasmodium) are nothing more than the decomposing products of living cells killed by toxic gas will be consigned to the whipping-post and philosophized away by a few words without doing justice to science nor to the statements of the discoverer. But Prof. Grawitz has forgotten historic facts which repeat themselves. In the eighteenth century Caspar Frederick Wolff discovered the development of the chicken, which gave us the foundation of our present embryology. Although Wolff gave less than Schwalbe, the scientific world took up the theory, investigated, and found the statements made to be true, and owing to this fact embryology became a

true science. The same was the case with Barry's discovery stating that the spermatozoae penetrated into the ovum. Bishoff first strongly opposed the theory, but finally after verification acknowledged its truth. Now, we ask, will Prof. Grawitz and his tribe try Schwalbe's statements and bring forth the truth, or will he shrug his shoulders and in his grandezza overlook the matter. Can he disregard a positive fact, although he does not believe it himself, any more than he can the similar discovery made by me eight years ago, although in a different disease (cholera). My results are the same as Schwalbe's, namely, that cholera is caused by toxic gases which are carried by the wind, and increase in severity if the barometer sinks. (See my work "Cholera, Diphtheria, Nerve Circulation.")

Schwalbe and I have reached the same results, although our investigations were made in different ways and the fact remains malaria as well as cholera is caused by toxic gases. On this fact no philosophy, although it may come from a certain Grawitz, should confuse. Only a thorough scientific investigation, and that not dazzied by bacteriology, can bring a correct verdict. The question may arise, is this fact of any practical value? Or is it a theoretical point only? It would seem that the latter is the case because in both the consequences are the same. According to bacteriology, bactilli act by their toxins only. They manifest themselves as soon as they enter the blood circulation, either by the respiratory or the digestive tract. Apparently the results are the same in both theories, but in fact an enormous difference results when we look at the practical side as i. e., the indications for prophylaxis and treatment. In regard to prophylaxis—for ten years typhus has prevailed among the soldiers in Germany, and the government has hunted for the cause with the utmost care and zeal, doing every thing to extinguish the disease. But why is it that they cannot stamp out the disease and why not the similar one—tuberculosis? Because bacteriology hunts for the bacteria and their source without succeeding. If, on the other hand, science investigates the theory that toxic gases derived from distant places and scattered through the atmosphere, are the sources not alone of typhoid, cholera, malaria, but of all acute infectious diseases, then medicine will have made a step forward in the art of healing. As to treatment; since the discovery of the bacillus tuberculosis the axiom "without bacteria no disease" has been adopted everywhere, and the direct consequence of this hypothesis, that a specific disease is caused by a specific micro-organism, was the logical result. But the indirect sequelae is that many diseases formerly regarded as complete in themselves have had to be divided into sub-stages. We know a true diphtheria with Loffler's bacillus and a pseudo-diphtheria with streptococci. Scrofula, formerly said to be related to Lues-hereditaria, is now classified as a member of the Tuberculosis family. Gonorrhoea, regarded formerly as a kind of Lues is now sharply separated from syphilis, because in the former the Gonococus has been discovered whereas in the latter no micro-organism has been traced. This naturally misleads in the application of Therapeutic agents. Diphtheria with Loffler's bacillus is treated with Diphtheria Anti-toxin, but the Pseudo-diphtheria is not treated, although the latter furnishes the greater number of deaths. But is disregarded, even in the statistics. It is omitted because no Loffler bacillus is found, and it is claimed that this, and only this, makes the disease true diphtheria. In tuberculosis we see the same state of affairs, only where the bacilli can be demonstrated tuberculosis is pronounced present. We have no access to the diseased organ, we simply inject tuberculine (and we know the very doubtful results).

The theory of toxic gases is not in direct opposition to the doctrine of bacteriology, as Scrofula, Chlorosis, Lues, etc., might be different stages of the same constitutional disease, but entirely different in their indications for treatment. How near we will come to correct treatment with

either method I can plainly illustrate by hundreds of cases which I have successfully cured by my method after the other has failed in the so-called hopeless cases.

But the space at my disposal being limited I simply point to my works, which give the desired information. The gas theory, which has been known many centuries, affords logical conclusions and practical results in treatment. If the ghost "Bacilli" is not feared any more the practitioner will begin to think more logically about his art (in Bacteriology all logical thoughts are forbidden) and the near future will laugh about Bacteriology.

If it is true that malaria is caused by mosquitos, why is it that in many countries this disease appears in the winter when no mosquitos can be detected? Why is it that people who have been born in malarial districts, having passed in their childhood through malarial fever have not become immune, but suffer every year from malaria? I do not imagine that I can overturn with the foregoing lines the doctrines of Bacteriology. My object is to show that Schwalbe's investigations and my own coincide in every respect, and that it is the duty of science to prove or disprove the truth of our statements, in order to benefit humanity, and, unlike Prof. Grawitz, who in his imaginary grandeur criticises facts which he has not taken the pains to investigate.

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## PNEUMONIA.

By G. W. King, M. D.

It is better to tell, often, what not to do for a disease than to tell what to do, in as much as Nature better not be hindered or interfered with in her efforts. The doctor who attempts to be Nature's boss instead of her servant is either too smart or not smart enough.

Not any evidence obtained through auscultation and percussion about pneumonia will be given, but one sign of inflammation of the lungs which entitles it to the name of pneumonia will be mentioned. A rusty colored expectoration has been considered pathognomonic evidence of pneumonia. When the parenchyma of the lungs breaks down so as to allow blood to mix with the sputa there is sure evidence that the substance of the lung is affected. It is as much nonsense to call bronchitis pneumonia as it would be to claim that diarrhea is dysentery. Bloody discharges are as necessary in pneumonia as in dysentery. Much wildness or something else is manifested in making a diagnosis of pneumonia. An old man who had tired his legs from a long walk in the mud, was declared to have pneumonia by a person who is called a doctor because he holds a diploma from a respectable medical college. The same doctor claimed that another man, who had injured his back, had pneumonia without having any symptoms of the disease. A man had paralysis for several years and the doctor gave a death certificate claiming the cause of death was pneumonia merely because the paralytic had a death-rattle in the throat about three hours before he stopped breathing. Such a doctor would spoil any report of vital statistics which he aids in making.

On account of the bad and often fatal treatment of pulmonary diseases the public have been slavishly educated to think that pneumonia is a very dangerous disease (a very large per cent of the cases, at best, being only so-called) therefore, some doctors enjoy escaping a just censure by attributing the cause of as many deaths as they can to pneumonia. If a case of bronchitis recovers, under the name of pneumonia, a large and false credit is given.

Sticklers for authority can find one in The Principles and Practice of Medicine, Designed for the use of Practitioners and Students of Medicine, by William Osler, M. D., recent consulting physician in the case of President McKinley's wife. Such sticklers ought to be willing to have what Dr. Osler states about the treatment of pneumonia exposed to the light of truth. The first statement the doctor makes is: "Pneumonia is a self-limited disease, and

runs its course uninfluenced in any way by medicine. It can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it will terminate abruptly and naturally, without a dose of medicine having been administered." Thus all medicine is made useless and then Dr. Osler goes on and makes prescriptions. How does such look in the light of consistency?

If Dr. Osler had kept on the non-medicating (or more appropriately speaking, non-drugging) plan he would have been a far better instructor, as all his prescribing has in it no proper aid of Nature. His first prescription is a hypodermic injection of morphia for the pain in the side. What causes the pain in the side? An accumulation of blood or matter upon the sensitive pleura. Opium never goes for a cause but only an effect, and, therefore, has no curative property. A patient must be strong enough to endure it or it will kill With the morphia add the "ice-bag to the affected side," as Dr. Osler advises, how then, in the name of everything sacred, has Nature been aided in removing any congestion and effusion that may be about the pleura? How much motive power is there in a combined sedative and a coldness that stagnates?

Dr. Osler recommends venesection or the taking of the best blood a patient has and throwing it away, instead of removing the blood in the system from where there is too much and putting it where there is not enough. Why did not Dr. Osler, as recent as 1895, when he revised his Practice of Medicine, catch hold of that simple and sacred idea which had been afloat in the air, for many years, about equalizing the circulation of the blood as a remedial means? Of course, venesection is too barbarous and stale for employment among true progressionists in medicine. The right kind of a doctor wants a treatment that will aid in saving more than one patient in twelve, which is the best record that Dr. Osler gives; or, in other words, desires a treatment that does not aid in killing eleven patients in every twelve.

Is is not better to do nothing than to do wrong for a disease when, according to Dr. Osler, "even under the most unfavorable circumstances it will terminate abruptly and naturally without' meddling with Nature's business?

Dr. Osler claims that "the progressive cardiac weakness is, after all, the most important enemy to fight in pneumonia."

Here it is again, the innocent suffering for the guilty—fighting an effect in the heart because there is trouble in the lungs. A common observer has often noticed a pain in the head from some wrong in the stomach. What would become of the cadiac weakness if the obstruction in the lungs should be removed so that the air could enter the lungs and properly vitalize the blood? It would be gone the same as the pain in the head often leaves by casting off something offensive in the stomach. The proper way to treat both the lungs and the stomach, when loaded with bad matter, is to administer proper emetics. Some doctor who may read this may be thrown into convulsions or something worse, and exclaim: "My patrons would show me the door if I should propose to give them emetics." Thus it must be, any doctor who has not the backbone to try to get the false teaching, about emetics, out of the public mind must continue to do wrong, and very wrong, with venesection, opium in some form, ice, whisky, and the many bad drugs in use. The question is sometimes asked, how can an emetic effect the lungs, as it does not directly enter into the lungs? Dear reader, don't have the least trouble on that point, as a guarantee will be given that if a proper emetic is properly given all movable things in the lungs will be removed. Think for a moment; it is impossiblefor a patient, having pneumonia, to thoroughly vomit without clearing the air passages and removing congestion about them. Another objection comes from the unwise. They claim that it will hurt so to vomit in a case where the pleura is very sensitive.

An illustrative case will be given. About fifteen years ago an Irishman had pleuro-pneumonia, and he had been trying in vain to obtain relief with physic. A neighbor, who visited the patient with me, claimed there was no help for such a case, yet he stood by and saw "the salvation of the Lord." When I proposed an emetic the patient went through with the whole story about an emetic killing, hurting and tearing all to pieces.

The emetic, however, was given, with the desired results. I knew that the patient had to be put into a condition to breathe better, and that any science that had not good practical sense in it would not apply in his case. I had as much confidence in the slandered lobelia emetic as I would have had in extension if the patient had had a luxated bone. An extra expansion and action of the lungs was good sense, and what is good sense is good science; popular authority, in medicine, to the contrary, notwithstanding. The patient, after vomiting, admitted that the pain was about all gone and that it had not hurt him to vomit as he expected. When I requested him to notice the large quantity of bad matter he had thrown from his lungs, his reply was, "I did not know that I had such wads in my guts."

What cardiac weakness the patient had was soon overcome when good and sufficient air was allowed to enter thelungs. Dr. Osler, regardless of the loaded condition of the lungs, not even favoring expectorants, would have given him alcohol in some form, which is neither a food nor a tonic, but its nature is to make a fool or lunatic of a man, tangle up his legs and leave him in the gutter. Alcohol is a tyranical boss, being unchanged in the stomach and circulation, and the effort of the system to get rid of it causes it to appear to the false reasoner and observer to be a stimulant. When in the system, alcohol is a foreign matter and requires energy for its elimination, therefore, it is an exharster, to the amount of work required for the elimination. Digestion is suspended while alcohol is present with food in the stomach, therefore, it gives hindrance instead of aid in that line. An article that will prevent a piece of beef, in a bottle from changing will prevent a piece of beef, in the stomach, from changing. Of course, much alcohol has been endured like many bad things, consequently, much endurance has passed, among falsely educated persons, as cure.

With a full understanding of what is asserted it is now claimed that pneumonia is not as dangerous as its popular treatment.

The way ought to be clear now for a few more thoughts about the proper treatment for pneumonia.

What demands the first attention in a case of pneumonia? The plain answer is the insufficient or bad breathing. A patient can go much longer without swallowing than without breathing. Pain and cough are secondary symptoms and point to duty. What causes the insufficient or bad breathing? Congestion and infiltration or unhealthy secretions will not allow the air to properly enter the lungs. Apply extra and continued heat to the feet, or bleed the patient, by drawing the blood from where there is too much and putting it where it can be endured and where there is not enough. If the patient is not dying, give an emetic of lobelia and he will soon be on the way to "life, liberty and the pursuit of happiness."

Why use lobelia? Simply and truthfully because it is not only a superior emetic but an alterative, antispasmodic, relaxant, deobstruent, diaphoretic, discutient, expectorant, febrifuge and nervine. The emetic powder which I use is composed of three parts of lobelia inflata seeds and one part of asclepeas tuberosa root. To a teaspoonful of the powder add a teacupful of boiling water. Sweeten each dose, if desired. Give to an adult, from four to twelve teaspoonfuls of the tea every five or ten minutes until vomiting takes place. Sometimes three teacupfuls of the tea may be necessary. Usually it is best to have the patient vomit as many as three times. As

long as bad or bilious matter is thrown off the vomiting should be continued. An emetic is aided by lying on the left side and a cathartic by lying on the right side. Before giving the emetic tea, give nearly a teacupful of hot water. After giving a teacupful of the emetic tea and there is not sufficient vomiting, give a fourth of a teaspoonful of bi-carbonate of soda in half a teacupful of hot water every other time. Some kind of hot drink, usually hot water, should be given immediately after each time of vomiting. When there is much effort at vomiting, something diluting should be taken into the stomach to aid in vomiting. Hot charred bread or corn coffee is good to help settle the stomach, aided by lying on the right side.

Another form for giving the emetic, especially to children is this: Rub together in a spoon a fourth of a teaspoonful of the powder and the same quantity of sugar, and then add enough water to put it in a condition to be swallowed. Give such dose every fifteen minutes until the vomiting takes place. Also give some kind of warm drink. A little of the bi-carbonate of soda, in solution, may be necessary.

Sometimes exciting symptoms, such as faintness, paleness and shortness of breath may come on and last from one to several hours; but never will do any harm unless the attendants get frightened and call in some foolish or conceited neighbor or doctor. At such times give, every five minutes, from two to five teaspoonfuls of a tea, with milk and sugar in it, made of capsicum or ginger. In the capsicum and ginger (figuratively speaking) oats as well as whips are to be found, whereas alcohol, at the best, is only a poor whip. In the alarming condition there is extra relaxation which some good astringent, such as rubus strigosis, hammamellis viginica, pinus canadensis myrica cerifera or geranium maculatum, joined with the capsicum or ginger, will aid in relieving.

Some expectorant syrup made of lobelia and blood root with the addition of wintergreen and anise will be useful.

A compound of equal parts of scutellaria lateriflora, asclepias tuberosa and English valerian, equal parts, is appropriately called a nervine and fever powder. To one or two teaspoonfuls of the powder add a pint of boiling water and give, hot, from three to six tablespoonfuls, to an adult, every hour, when awake. Hot flax seed tea will do a good work. Much hot drinks (never alcoholic) should be given so as to invite all the secretions to the skin that can be and keep them away from the lungs. That which passes from the skin does not have to be coughed out. Don't get so foolishly progressive as to object to the use of such common herbs as catnip, sage and pennyroyal because the old grandmothers used them many years ago when, under simple and safe treatment, patients were sometimes allowed to die natural deaths. They will make an agreeable and profitable change in drinks.

Is there not too much worship of authority or toading to popularity? The multitude nor scholastic training never can make grandness of error. Truth is precious wherever found.

No attempt is being made to make an iron rule for prescribing nor to be too minute. Keep within the bounds of safety and good practical sense. A physician must have some originality about him; he must know what is indicated in each case. Above all things, try to keep the lungs so that good air can get into them. It is certain that the patient will continue to live while breathing. Usually, only one emetic will have to be given, if followed up faithfully with proper treatment. Vomiting is not necessary in every case—small and frequent doses of lobelia may be sufficient—yet an unnecessary emetic is better than a neglected one.

It is as much the duty of the doctor to be wise in the rejection of drugs and treatment as in the selection. For example: Don't! don't!! don't!!! employ antimony or sulphate of zinc for an emetic or expectorant, any preparation of mercury for an alterative or cathartic, any form of alcohol as a tonic or stimulant nor any non-cura-

tive narcotic as a nervine. Such treatment is very dangerous and absolutely unnecessary. Also, don't reduce abnormal heat with coldness. Treat the cause of such heat. There is another very important don't. Don't insult Nature by trying to nourish a patient when digestion and assimilation have been suspended for renovating and repairing. When beginning to allow food give too little rather than too much, only at three regular times in twenty-four hours and not when there is no appetite. Water or some suitable drink (remember that milk should not be used as drink nor in uncooked condition) will allay a diseased hunger.

It is the rule to have pneumonia in cold weather, and the exception to have it in warm weather. Should not the physician learn something from such rule and exception? Should not the conditions that will not allow pneumonia to be prevalent in summer be sought when trying to cure the disease in winter? The blood in warm weather is thinner and is thrown to the surface and, therefore, cannot easily become internally congested. Think for a moment how very unreasonable it is, in any weather, to keep the blood congested in some part of the body and to prevent its impurities from being, in a legitimate way, taken from vital organs and cast out by the skin. Do reflect upon the idea about throwing some of the best and circulating blood away and poisoning the remaining part, when the system needs a safe shock and relaxation as a proper emetic will cause. In fact, what is the doctor doing who idolizes sedatives and coldness? People who have got very absurd ideas about perspiring being weakening, never have thought how a man, who knows how to properly eat and drink and otherwise care for himself, can work in a harvest field for weeks and cast off quarts of perspiration, daily, and yet be no weaker at the end of the harvest than at the beginning.

Good air must be furnished, about every two hours, for the patient, and it can be cheaply and surely furnished by quickly swinging the door of the sick-room for about two minutes, having some suitable opening to the outer air. Thus the bad air has been fanned away from the patient and the good air given a chance to take its place.

If the door cannot thus be used, and there is no other good way for changing the air in the sick-room, the polluted air can be driven out by thrashing it with a large towel or other cloth. Have interested persons think more about the patient having something good to breathe and less, than is usual, about his having something good to eat. It is a very important thought which should not be overlooked, that a light, from gas or oil, soon puts the air, in a closed room, into an unfit condition for the lungs, either in sickness or health. Three times a day, after the lungs have been properly cleared, request the patient to take four full and deep inhalations, breathing otherwise a few times between each of the deep inhalations. Such full and deep breathing will purify and vitalize, and also prevent some air cells from becoming useless. The doctor must be ready and willing to tell many important things to nurses and friends of the patient.

Compresses of hot water or suds will aid in relieving local pains and soreness. Hot water in a rubber bag is good, but when applied in a wet cloth, well covered, it is better. A hot foot bath will have a good derivative effect, and in many cases should be employed every four hours for, at least, thirty minutes at a time. It is not necessary for a patient to sit up to take a foot bath. Flex the knees and use some suitable bathing vessel. The water should be kept as hot as can be endured. The doctor and nurse should never be guilty of slighting things.

A very superior application for local pain is a paste upon which lobelia and capsicum, in equal parts, have been put. With cold water and one or two teaspoonfuls of wheat flour make a paste. Thinly spread it upon a piece of cloth. Upon the paste sprinkle about half a teaspoonful of the

lobelia and capsicum and press them into the paste. Have the mixture as wet as it can be without running from the cloth. Apply warm, next to the skin. Generally, it is not best to use the paste at night as the smarting (never blistering) from it may keep the patient awake. Nothing should be done to disturb the patient, at night, when sleeping.

A sponge or towel bath of warm suds, applied with a good magnetic hand, will have its good and quieting effect. It should usually be given when the skin is dry and hot. A nurse should understand that there is virtue in bathing and not seek to quiet a patient with some injurious or killing drug. Repeat every four hours, if necessary.

The bowels should receive due attention. Enemas of suds may be all that will be necessary. If not, to a heaping teaspoonful senna leaves add a teacupful of boiling water. After standing in a warm place for about four hours have an adult make two drinks of the decoction, about two hours apart. Repeat if necessary. There are other good and safe cathartics.

Now I have come to the concluding part of this article, and shall give it, although I may expose myself to severe charges among doubters. During an extensive country practice of forty-nine years I have never known the above rational treatment suggested for pneumonia, to be a failure. It may be claimed that country patients are better to treat than those found in cities. Such claim is not very complimentary for trained nurses, endowed and equipped hospitals, and highly extolled professional staffs in attendance. It has been noticed that when an attempt has been made, in the country, to imitate the bad treatment, in hospitals, the result is bad. There is no use of trying to cover up the facts that bad treatment is bad treatment, and that good treatment is good treatment, and that "whatsoever a man soweth, that shall he also reap."

King's Station, N. Y.

## ECHINACEA AUGUSTIFOLIA.

By James Hervey Bell, M. D.

Is a western plant so named by C. G. Lloyd, of Cincinnati, and should not be confounded with Echinacea Purpurea, Black Sampson, which grows in the eastern part of the United States. The root is the part used. The early history is so intimately related to the energy of Prof. J. Uri Lloyd, that I cannot express it better than to use his own words: "In the fall of 1885 I received from Dr. H. C. F. Meyers, of Pawnee City, Neb., a root of a plant he wished named. He stated he used it in making "Meyer's Blood Purifier," and his letter heralded that remedy in large type. At the same time he sent Prof. John King a bottle of the preparation, making for it the most exaggerated claims. King informed Dr. Meyers that he could do nothing with a secret mixture; that if he wished it presented to the medical profession through him, the drugs entering into its composition must be public. At the same time, I wrote him that the plant could not be determined from the root alone. Under date of June 7, 1886, Dr. Meyer's then sent me a large box of the root, and again on Sept. 28th, 1886, mailed the whole plant.

This proved to be E. Augustifolia. Still the exaggerated claims of Dr. Meyers in behalf of the remedy which he claimed would cure nearly everything from rattlesnake bite to typhoid fever, led me to discredit it entirely. Not so with Prof. King, who proposed to sift the chaff from the grain, and for whom I at once instituted several series of experiments with E. in a pharmacal direction."

Dr. I. J. M. Goss then became almost as enthusiastic as Dr. Meyers, and Prof. Webster recommended it highly; but Dr. King really left it as a legacy to the profession and did more that anybody else to establish it, according to Prof. Lloyd. Now, after thirteen years, it is well known, and Eclectics and Homeopaths have written considerable about it. The root is brown, and when chewed a sweetish taste presents

itself that afterwards becomes acrid and sharp and produces tingling similar to aconite, remains for sometime, but is devoid of the benumbing quality of the latter. It contains a white alkaloid ½ to 1 per cent., but of no therapeutic value. Also sugar and large amount of coloring matter that is injurious if allowed to remain—of an acid reaction and contains a colorless persistent constituent, from which the drug receives its properties—very acrid and distressing in pure condition, yields its virtues to alcohol and water.

Specific Indications.—Depravation of the blood.—In septic conditions generally. Typhoid fever, small pox, measles, malarial fever, carbuncle, diphtheria, hydrophobia, rattlesnake poison, etc. Syphilis, gonorrhoea, erysipelas, tonsilitis, sore throat and mouth, and locally as antiseptic diluted.

Much has been said and written about this drug since Dr Meyers introduced it in 1885, who claimed it was held in high esteem by the Indians, who used it for the virus of the rattlesnake bite, and who demonstrated its worth by the foolhardy manner of himself submitting to the poison of the snake, and after his arm swelled, succeeded in curing the trouble with this drug.

I have used Echinacea for about a year and a half in a promiscuous manner, and now I have a field for its use that I can rely upon at all times. I place it midway between Baptisia and Phytolacca, and it is an augmentor of both, as well as other remedies.

It is always possible when a new therapeutic agent is first described, that it is apt to be exaggerated, and the skeptic physician is at last a firm believer in the new agent. The medical fraternity has been duped so many times it takes its news with the proverbial grain of salt, then it discards its old gods and hastens to the new wonder, and believes in it, for awhile, and then goes back to its tried and true friends, and awaits for another medical millenium. In behalf of Echinacea I wish to say that while it has failed to do everything claimed for it, it has not been demonstrated worthless, as many other agents introduced and forgotten in the past few years.

In acute septic conditions, it is my sheet anchor. I do not wait for the "black tongue," but incorporate it from the first, with other indicated remedies. In diphtheria I had the best possible results, given in large doses, 10-15 gtts every hour will demonstrate a change in 24 hours. It apparently hastens the detachment of membrane and cleans up the throat. No bad or depressing effects follow its administration here in large doses. It acts positive and quick in tonsillitis, helping the other remedies.

In a case of horse-bite, upon the hand, the entire arm becoming swelled and hot, painful and aching of axillary glands, with the characteristic red streak running along the lymphatic vessels, I prescribed as follows:

℞

Ex. Fl. Echinacea ℥ss.
Ex. Fl. Phytolaccae ℥ss.
Aq. qs ad ℥ iii.
M. Sig. ℥i every two hours.

The next day the swelling and pain was reduced and in three days entirely disappeared under this treatment.

Another patient cut her finger on a rusty tin can, and had a similar condition as the above, and the same combination worked a similar quick cure.

In gonorrhoea it is of service, but in constitutional disturbances, of an acute septic character, it acts more emphatic.

E. has been highly praised in syphilis, but here only has it failed me. I believe it absolutely worthless here for any manifestation of this disease. For sore throats, ulcerations and fissures of the tongue, of a specific nature, it did not make the slightest impression.

I used it in combination with other antisyphilitic remedies and alone. In small and large doses 5 to 60 gtt. 4 times a day, and now I do not use it at all. My results were negative and I discard it here.

In one case of typhoid fever this summer I give credit to E. of relieving the tympan-

itis, but the case died of perforation suddenly. However I was pleased with it, and will try it again in the same condition.

When the blood is depraved, or in acute septic conditions, try E. and you will like its action. In scrofula it is indicated, but I have had no experience with it.

Locally, it is highly recommended. I use it as an addition to the Eclectic wash. I do not know much of its action alone. It is highly recommended as an antiseptic, but my experience is so limited in this respect, that I will not venture an opinion.

In conclusion, I wish to say that it has demonstrated internally its usefulness to me time and time again, and deserves a high place in our Materia Medica. I will certainly continue prescribing it and investigating its properties, and although it may in time yield more benefit to me, at this writing I confine it to "acute septic conditions."

New York City.

DEPARTMENT OF

## SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### ACETANILID POISONING.

When first introduced acetanilid was deemed by many a valuable addition to our materia medica, but after several years of clinical experience, its dangerous character has been clearly demonstrated. An abundance of evidence has been deduced to fully show that there are no circumstance under which its employment can be justified. It is unsafe—deadly—and its victims, no doubt, have been numerous.

Many instances of toxic absorption resulting from the external use of acetanilid have been reported. Even in superficial lesions of the skin the drug finds its way into the circulation and produces its life-destroying effects.

Dr. Westcott reports the case of a well-developed baby who had become chafed in the folds of the groin and the creases of the thighs. For the treatment of this condition a dusting powder of pure acetanilid was ordered. The powder was used but once, as it almost immediately caused the development of alarming symptoms. The skin assumed a peculiar grayish pallor and the lips became bluish in appearance. In about an hour the skin was waxy, the mucous membrane of the lips and tongue more deeply cyanotic, and the face drawn and pinched-looking, and the child passed into a heavy slumber, from which she could not be easily aroused. After six or seven hours the cyanosis began to pass off. A few drops of whiskey were given hourly, and the child finally recovered.

Dr. Newton records the case of a child with extensive burns of the face, arm and leg. The central portions of the wounds were sprinkled with acetanilid, between twenty and forty grains being used on five occasions in nine days. When this dressing was applied on two successive days there followed in four hours a condition approaching collapse, marked by extreme cyanosis, weak and rapid pulse, and dilated pupils. Recovery was gradual. Cyanosis and coldness persisted for several hours.

Dr. Briggs gives an account of a case in which toxic symptoms occurred after the use of the drug as dressing for a circumcision wound in an infant one week old.

Dr. Carmalt produced cyanosis in a girl of eighteen years by using the powdered drug upon a profusely suppurating ulcer.

Dr. Rook records two serious cases—one, a boy of four days old, with erythematous inflammation of the skin, nates, thigh, and groin, for which several applications of a powder composed of equal parts of acetanilid and bismuth were used. Death occurred within eighteen hours after the powder was first applied. In a second case, an infant two days old, Rook used

the drug for erythema of thighs and nates. Intense cyanosis was observed about twenty-four hours after the first and only application, but the child recovered.

## NUX VOMICA.

As a remedy for atonic conditions Nux Vomica has few, if any, equals. It is contra-indicated in irritation of the nerve centers, and also in irritation of the organs of digestion. In nausea and vomiting, when the tongue is broad and pallid, its curative power is quickly manifested. Pains in the bowels, when there is lack of tone in the parts involved, recent cases of piles resulting from atonic conditions of the digestive organs, and chronic diarhœa when the skin has a yellowish appearance and the tongue is broad and very pale, are calls for nux vomica which should never be neglected. In constipation when the tongue is broad and full, one drop of the specific medicine in one-half glass of water three times a day, will give results which cannot fail to gratify both patient and doctor. Atonic conditions of the digestive tract, especially of the mucous membranes, indicated by a broad and thick tongue, are also markedly benefited by this drug. It is also an efficient medicament in diseases of the digestive apparatus characterized by a brownish-yellow discoloration, showing itself chiefly about the face and mouth, but in some chronic diseases becoming quite generally distributed over the body. In an atonic form of intestinal indigestion, accompanied by a fullness of the abdomen, a full, broad tongue that is slightly coated, and general depression of the nervous system, it will render material aid in a curative direction. In cases of severe shock from burns, or surgical operations, nux vomica is a remedy of great sustaining power. It is also of unquestionable value, when given in very minute doses, in the treatment of local paralysis. One or two drops of the specific medicine added to four ounces of water here constitute an efficient prescription, of which one teaspoonful should be administered every hour or two. In the treatment of fevers nux vomica is frequently a needed remedy. Among the most important functions of the nerve centers is that of respiration. Sometimes in fevers there is such deficient power that respiration cannot be carried on except through the influence of the will. As soon as the patient sleeps respiration becomes so difficult that he is suddenly aroused by a feeling of suffocation. In such cases the condition is promptly improved by frequently repeated small doses of nux vomica. The best effects of this drug are obtained from small doses. I usually add one drop of the specific medicine to four ounces of water, and direct one teaspoonful of the dilution to be taken every hour. In some cases (such, for instance, as constipation,) one to three drops of the specific medicine may be given in one-half glass of water, and repeated three times a day.

## STANDARDIZATION OF DRUGS.

In a series of able articles on the claim that the standardization of drugs can be accomplished by means of test tube experiments in the laboratory, Prof. John Uri Lloyd, in substance, states that while to a certain degree assay testing of drugs for certain dominating constituents can be made of use in establishing the quality of those drugs as to their carrying powers regarding those *constituents*, the *drug*, as such, is much outside and beyond a simple proximate principle. While a test tube reaction can show *volume* as compared with volume, can show *weight* as compared with weight, it does not necessarily follow that drug *energy* follows in accordance with chemical valuations, and especially is this true in aconite, ergot, and the great mass of valuable remedies for which no chemical reaction is known, and in which no definite chemical constituents are established as in any way connecting drug action with chemical touch. Many drugs used in medicine by our school have no established chemical valuation whatever; that is, no chemist has pre-

sumed to identify the constituents that give to these drugs their therapeutical activities, and no system of chemical examination whatever can show, at the present time, whether such drugs are therapeutically useful or therapeutically valueless. Chemical tests do not determine the therapeutical valuation of the DRUG, but only the presence of a *single* constituent obtained from the drug. The presence of this constituent does not determine the *activity* of the drug as a whole. No one constituent that can be obtained from any active drug represents in the hands of a qualified physician the drug itself. The most valuable knowledge of the medicinal power of drugs is that which is obtained by earnest, honest and faithful study at the bedside.

## CARBOLIC GANGRENE.

Dr. Swain makes prominent the fact that many surgeons have discarded the use of carbolic acid, except for the immersion of instruments which are tarnished by solutions of mercury. The important reason given for this action is that carbolic acid is liable to cause gangrene when applied to the extremities, even in dilute solutions. Weak solutions cause no pain, and are therefore the most dangerous.

Dr. Harrington has collected a total of one hundred and thirty-two cases of gangrene from dilute solutions of carbolic acid. It appears from his observations that the disease is due to the duration of the application and the thickness of the patient's epidermis more than to the strength of the solution.

In view of the above facts it would seem to be the duty of physicians to avoid the use of carbolic acid for wounds, and thus show by their example that the public should not make use of this too popular antiseptic.

## TRITICUM REPENS.

*Common Names.*—Couch Grass, Quick Grass.

*Natural Order.*—Graminaceae.

*Part Used.*—The rhizome.

*Description.*— Triticum is a perenial plant with a long jointed rhizome, which has a tuft of roots at each joint. It spreads so extensively by its vigorous long running root-stocks that it becomes a pest in cultivated fields, as it is too coarse and hard for meadow grass.

*Dose.*—Fluid extract, 1 to 4 drachms; specific medicine, 1 to 60 drops.

*Usual Dose.*—Five to 10 drops.

*Indications.*—Catarrhal and purulent cystitis; irritation of the urinary apparatus; aching in the back which accompanies lithaemia; dysuria and tenesmus; acute and chronic prostatitis; stranguary and haematuria; lack of free secretions from the kidneys; excessive irritability of the bladder from any cause.

On account of its demulcent and emollient qualities this agent is especially recommended in cystic irritation. In gonorrhoea its curative power is promptly manifested, and in leucorrhoea it is a useful remedy. In incontinence of urine, with a constant desire to urinate, accompanied by an intense burning sensation, it is also an efficient medicament.

Triticum Repens is diuretic, aperient and demulcent.

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Dr. Zagursky gives details of five cases of incarcerated inguinal and umbilical herina, in which, after failure of taxis, he resorted to the internal administration of extract of belladonna (quarter grain every hour), the result being that in every one of the cases spontaneous reductions took place after four or six doses. The effect is attributed to the powerful antispasmodic properties of the drug.

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In the treatment of measles I have found bryonia and aconite most valuable agents, and so frequently indicated that my usual prescription in this disease is composed as follows: ℞ Bryonia, Aconite, aa. gtt. iii, water, ℥ ii. M. Sig.—Dose one teaspoonful in four teaspoonfuls of hot milk every

hour. The treatment should be continued from the appearance of the catarrhal symptoms until the patient has completely recovered. Small quantities of cold water should be allowed as often as desired. I have treated nearly two hundred cases in this way, and every case made a speedy recovery, without the appearance of a single complication.

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The special knowledge which the student of specific diagnosis and specific therapeutics should endeavor to acquire may be classified under three heads, as follows:

1. All expressions, or symptoms, which indicate Health, or Normal Life.
2. All expressions, or symptoms, which indicate Disease, or Abnormal Life.
3. The influence of drugs in opposition to disease and in favor of health.

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In treating the sick it should ever be remembered that in disease there is always a predominant departure from health upon which the entire morbid process depends. In many cases when this predominent wrong is removed, the whole disease rapidly passes away. In other cases its removal is but the necessary preparation for further medication.

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In hemorrhage of the kidneys and bladder Rhus aromatica is an efficient remedy. It is also promptly curative in enuresis of children.

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Patients complaining of dragging sensations in the lower part of the abdomen, whether due to uterine trouble in the female, or to cystic wrong in the male, should be given helonias. This agent is among our best genito-urinary tonics. Five to ten drops of the specific medicine three or four times a day will soon give curative results.

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Large doses of medicine are seldom needed in the treatment of children, and they sometimes kill. We should all remember this latter fact, for I take it that Heaven is already abundantly supplied with little angels.

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After protracted fevers weakness of the heart should be anticipated, especially in children. Cactus, Crataegus, Collinsonia, and possibly Glonoin, may be thought of in this connection.

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Certainty in medicine is a desirable thing. Every doctor should try to get, at least, a little certainty into his practice. If he can feel certain of even one remedy, it is better than all guess work.

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Convulsive reflex and nervous coughs are well treated with Gelsemium.

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## ABIES CANADENSIS—PINUS CANADENSIS.

*Common Names.*— Pinus, Hemlock Spruce.

*Natural Order.*— Pinaceae, Conifera.

*Part Used.*—The inner bark, resinous exudation and volatile oil.

*Dose.*— Fluid extract, 15 to 60 drops; specific medicine (Pinus), 5 to 60 drops.

*Usual Dose.*—10 to 20 drops.

*Description.*—Abies Canadensis (also known as Pinus Canadensis) is a common tree which rises to seventy-five or more feet in height. Its trunk is large, straight, and covered with a rough bark. The branches are brittle and nearly horizontal. Its leaves are about half an inch in length and in two opposite rows. The cones are ovoid, terminal and drooping. The bark is rich in tannic acid, and on this account it is employed by tanners.

*Indications.*— Chronic bronchitis and chronic coughs; rheumatism; pleurisy; inflammations caused by cold; peritonitis; gastric irritation of cholera morbus; catarrhal conditions after the inflammatory stage has ceased and there is an excessive secretion of mucus; chronic diarrhoea and dysentery; irritation of the urinary organs; asthenic conditions with impaired digestion and paleness of mucuous membranes.

The oil derived from this tree in sometimes used as a liniment in croup and in rheumatism, and as a diuretic in diseases of the urinary organs. The exudation, or Gum Hemlock, is employed in the form of a plaster.

Abies Canadensis is diuretic, astringent, tonic and stimulant.—*Abstract from Fyfe's Materia Medica and Therapeutics.*

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## OBITUARY.

### DR. WILLIAM H. BOWLSBY.

In the death of Dr. William H. Bowlsby, which occurred at his home, 170 Van Siclen avenue, Monday, the medical profession has lost one of its shining lights, and the community at large and his many friends will long mourn his loss.

He was born at Ballston Spa., Saratoga county, N. Y., March 2, 1828, and at the time of his death was in his 74th year. He came of a family remarkable for longevity. His paternal grandfather was George W. Bowlsby, who, for a number of years conducted a hotel on State street, in Albany, where many of our lawmakers of that time were to be found; later he removed to Court House Hill, Ballston, Saratoga Co., and died at the good old age of 94 years.

The grandmother, who was a member of the Stiles family, reached the age of 88 years before she died, and the doctor's mother lived to the age of 85 years. His father, Moses Stiles Bowlsby, died of typhoid fever at the age of 43 years.

In 1878, on the organization in Brooklyn of Division No. 3 of the uniform rank of the Knights of Pythias, the office of surgeon to the rank was created, and Doctor Bowlsby was appointed to that position. In 1880 he was appointed as medical examiner of the insurance branch of the Knights of Pythias, which position he held at the time of his death, and in 1889 he received the appointment of surgeon general with the rank of brigadier, on the staff of Major General James R. Carnahan, and was commissioned by the Supreme Lodge as senior advisory surgeon general of the uniform rank for life.

On April 2, 1892, he was one of the committee of the Eclectic Medical Society which formulated and presented to the State Legislature a report and resolutions on the subject of electrocution, which had taken the place of hanging. In 1873 he removed to Brooklyn, and purchased the house in which he lived with his wife and family until his death. In 1898, when the war with Spain was becoming eminent, he promply offered his services as surgeon to go to the front. In both his political and religious views he was very liberal. As a phycician he was kind and sympathetic. As a surgeon, judicious and conscientious, while at the same time firm and fearless; and, in great measure, to these attributes are due his professional success. He was a charter member of Progressive Lodge No. 21, K. of P.; a member of the uniform rank and of the endowment rank, and was a Mason, belonging to Monroe Lodge, No. 27, of Monroe, Mich. His many friends will do him honor at the funeral services, which will be held at his late residence, 170 Van Siclen avenue, Thursday evening at eight o'clock.—Brooklyn Eagle.

### DR. GEORGE H. DAY.

The sad news of the death of Dr. George H. Day was received on the day of Dr. Bowlsby's funeral. Both had been active workers in our organizations, both State and local, and their places will be hard to fill. The notice above, taken from the Brooklyn Eagle, gives a clear account of Dr. Bowlsby's activity. Dr. Day, who for many years had practised in Monroe, N.Y., but who was well known outside of his home practice through his writings and teachings, leaves a host of mourners. He was very much interested in the College work, and last year was a member of its Board of Censors. To the family and friends of both Drs. Bowlsby and Day we extend our sincere sympathy.

## SELECTIONS.

Frequent micturition during the day, laterhematuria indicates stone in the bladder. Though you may have enlarged prostatic middle lobe, tubercle of prostate, local cystitis or ulcer of bladder. If stricture, it manifests itself at micturition only. W. J. K.

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Dr. J. M. Knight, in the Cincinnati Lancet-Clinic, says, with reference to Typhoid Fever: "As to its cause, whether we accept the bacilli theory of 'Eberch & Koch' as factors, or regard it as a pestilence that walketh in the darkness, I invariably and successfully prescribe Merrell's Bismuth and Hydrastia.

I realize that every case is a law unto itself, and must be treated upon general principles and complications arise that demand special attention, but for the catarrhal condition above mentioned and to which is due the diarrhoea, a great source of danger, I rely upon Solution Bismuth and Hydrastia, 40 drops 4 to 6 hours interval. It is pleasant to take, suits the stomach, allays nausea, improves digestion and you soon fail to recognise that red, dry cracked tongue that you met at the onset. Diarrhoea and tympanitis, if present, subside with astonishing rapidity and not a single hemorrhage has occurred since I began its use years ago."

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It is becoming a recognized fact that auto-intoxication, having its existence and origin largely in the vegative organs, imperfect elimination, is the starting point of several chronic nervous and mental diseases. In all nervous diseases examine kidneys and liver carefully, watch stomach, lungs and skin. You can do more with proper diet than medicine. W. J. K.

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In making blood examinations the following are requisite: Apparatus must be absolutely clean, the process must be rapid because of cell coagulation, which interferes with tests. Make large quantities of staining fluid and keep in glass stopped bottles, so as to avoid variation in stainings. W. J. K.

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The normal blood pressure in the portal vein is low, in Cirrbases the portal blood pressure is raised which causes symptoms of toxernia. Purgation gives prompt relief, salins are prefered. W. J. K.

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While alcohol, causes, in most instances, a cirrhotic liver, lead, copper and indigestion (production of alkaloidal toxin) are its frequent progenitors. W. J. K.

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## A TRIBUTE TO DR. ARMGARDT.

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Evidencing the love for him, by those he loved.

When information of the death of Prof. Henry Armgardt, M. D., was received in New York, a meeting was held in the parlors of the Eclectic Medical College, attended by the faculty, trustees, alumni and students of the college, the New York and Kings County Societies, and other practitioners of the Eclectic profession.

The meeting, though called at short notice, to adopt the expressions of regret usual on such occasions, was so largely attended, the interest of all was so manifest, and the sorrow evidenced so sincere and universal, that its scope and purpose developed spontaneously to one of eulogy for the deceased, rivalling the occasions set apart in Congress for the pronouncing of eulogies upon departed statesmen, but excelling those functions by reason of the fact that all remarks were impromptu, and that each speaker was himself and herself a friend of Dr. Armgardt. These remarks disclosed the history of a beautiful life, beautiful in the rare gifts and ability of the man, his lovable character, his unfailing kindness to all, his helpfulness to associates as well as students, his cheering encouragement extended to young practitioners, his studious habits which made him always a learner, and consequently a leader in advanced thought, his thorough devotion to and accurate knowledge of Eclectic Mate-

ria Medica and Therapeutics, which called him to that chair in his alma mater within a few years after his graduation; a chair for which he was singularly fitted, and which he filled for nearly quarter of a century, until death closed his labors on earth. And his life was even more beautiful in the home.

Realizing as we do how Dr. Armgardt is mourned by his medical and college associates and students, we can but estimate the grief that his widow and children experience in the death of the husband and father.

Respectfully submitted by the committee.

W. R. Spooner, LL. D.,
Geo. W. Boskowitz, A. M. M. D.,
Representing the College Trustees.
M. Augsburger, M. D.,
G. W. Thompson, M. D.,
Representing the College Faculty.
J. H. Bell, M. D.,
S. A. Hardy, M. D.,
Representing the State Society.
H. J. Birkenhauer, M. D.,
O. A. Hyde, M. D.,
Representing N. Y. County Society.
D. N. Brown, M. D.,
O. H. Rohde, M. D.,
Representing Kings County Society.
H. C. Hinds, M. D.,
Representing the College Alumni.
H. Harris,
D. V. Sillo,
Representing the College Students.

## ITEMS.

Dr. W. H. Bowlsby died August 26th.

Dr. G. H. Day died August 27th.

Did you forget to send your dollar last month for the Review? If so, send it now.

Dr. George W. Boskowitz has removed from 40 East 41st St. to 140 West 71st St.

Dr. J. T. Sibley will deliver a course of ten lectures to the senior class on "Suggestive Therapeutics."

Book reviews have been crowded out of the September number, and will appear in October number.

Students would do well to provide themselves with a Laughlin fountain pen. Read their offer on next page.

Ellingwood's Materia Medica and Therapeutics is on sale at the College building. Send for one.

Your dollar for a year's subscription will be received at any time. We are not particular, so long as we get it.

It is nearly time to call the Eclectic Bowlers together, for we were promised some match games this fall.

If you need a new sign, get an up-to-date one at Lincoln & Luchesi's, 143 and 145 East 23d St., New York City.

It will pay you to visit J. W. Hughes, No. 1 Madison ave., New York City, and examine the new improved Allison office table.

Dr. Max Meyer has been granted a patent for his new chemical compound, "Basl," described in a former number of the Review.

Members of the class of '01 will be pleased that their classmate, Oscar S. Spier has been appointed Surgeon on the Central Park ambulance.

Students and practitioners should send for the new catalogue of the Waite & Bartlett Manufacturing Co., 108 East 23d St., New York City.

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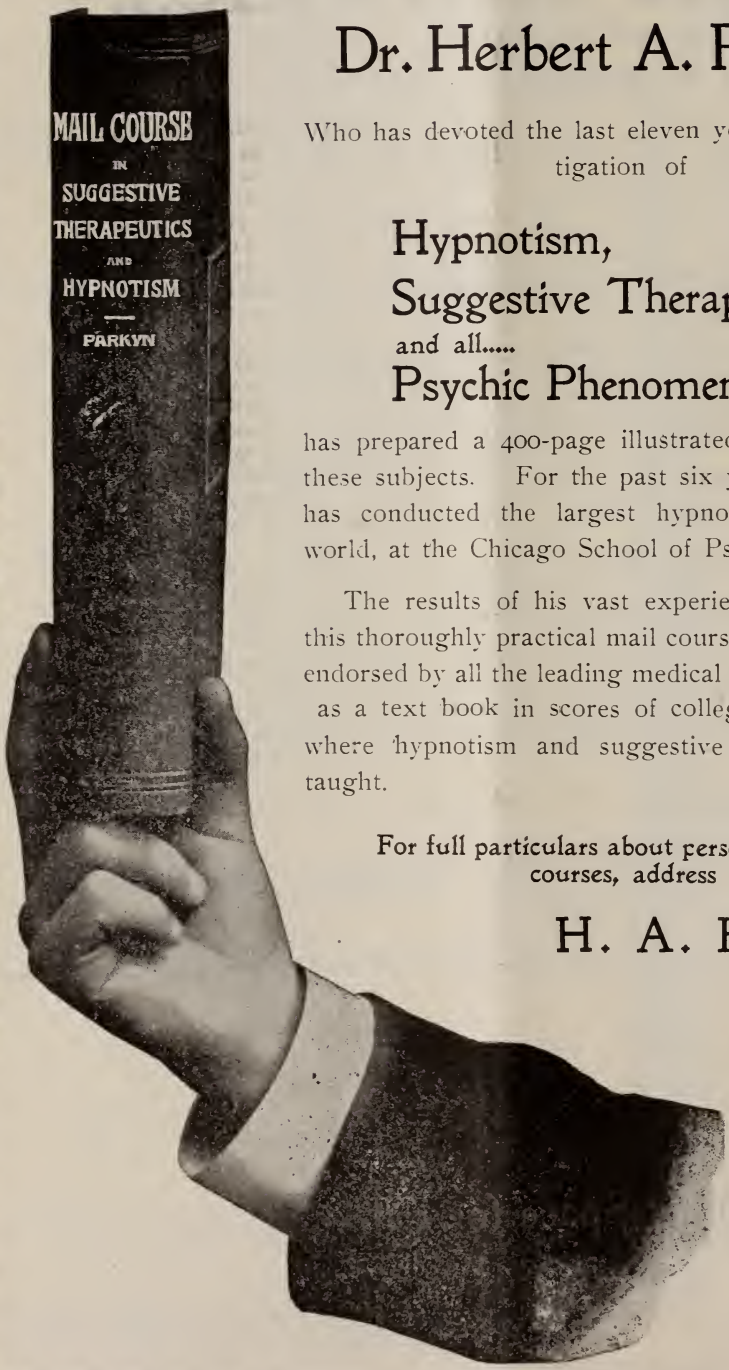


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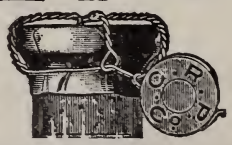

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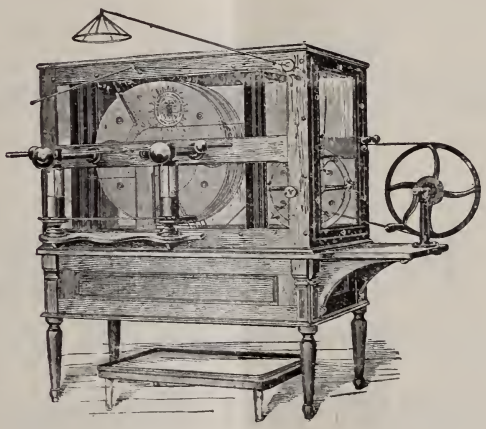

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# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

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## THE CRITICS.

How easy it is to sit miles away, read reports in the lay-press and then criticise the men in attendance upon an important case—theorize and philosophize—how different the responsibility and anxiety of actual attendance.

The assassination of our beloved President brought us face to face with such a situation. Who but those in actual attendance can realize the difficulties and complications. From the full report of the case and the report of the autopsy it is clearly shown that all was done, and that promptly, that our knowledge and the art and science of surgery could suggest. The promptness and skill with which Dr. Mann performed the operation must be regarded with pride by the profession, and the unhappy termination was due to no lack of skill or good judgment on the part of those who had charge of his case. The President's age, his sedentary life, the heavy burdens and responsibilities of his position had devitalized his system so that the injured tissues did not have vitality enough to heal. From the report of the autopsy we gather that there was no Peritonitis, no pus, no sign of inflammation; simply Necrosis and non-union in all the tissues in the neighborhood of the bullet track.

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## PROF. C. W. FITCH, M. D.

The chair of Materia Medica and Therapeutics so many years occupied by Prof. H. Armgardt, will this year be filled by C. W. Fitch, M. D., of 640 Madison Avenue, New York City. Dr. Fitch is a graduate of Yale, class of '74, has served as surgeon in United States Army, was Surgeon General of Central America, and was private physician to President Barrios.

Being a broad and liberal minded man, and an ardent student, he did not confine his researches simply to the Materia Medica of his own school but investigated and studied Hahnemann and the American Eclectic Materia Medica with much enthusiasm. Many years ago he became impressed with the doctrines of the Eclectic practice and became an enthusiastic believer in Specific Medication.

He joined the Eclectic Society of his State and also our "National."

The college and students are to be congratulated upon the selection of a teacher who will bring to his lectures the experiences of a broad and liberal investigation.

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## PRESIDENT SINCLAIR'S LETTER.

We hope that every reader of the "Review" will think seriously of what President Sinclair says in his letter. He has struck the key-note. Our very existence as a school depends upon the help we give our Colleges.

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## COLLEGE OPENING.

The Eclectic Medical College of the City of New York opened with a fine class. The largest for many years.

A bright set of young men and women with the necessary preliminary certificates.

This Regent's qualification has been of great service and though it is severe on a few it has helped the college by giving us a better prepared class of students.

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## THE EUROPEAN MEDICAL STUDENT.

BY O. C. WELBOURN, M. D.

The study of medicine as persued in the great colleges and hospitals of Europe continually impresses the idea that their conceptions regarding the value of time are different from our own. Instead of our four years of grind and discipline, each day of each year crowded full with demonstrations, lectures and quizzes, with frequent examinations, they

have five or more years of luxurious "go as you please."

The typical student usually begins by spending a year or two in revelry and dissipation, and not infrequently this is the end as well as the beginning. During his fourth year he is expected to go up for his examinations in anatomy, physiology and chemistry. These are not class examinations in the American sense for there are no classes. They are usually held quarterly and any one with a credit of at least three years of medical study may apply. It is customary to take the examinations in the several branches at different times because this scheme offers such good opportunities to cram. Should he fail in an examination he is not allowed to try again until the expiration of a certain number of months fixed by his examiners at the time of his last trial. A very poor showing might set him back for a year.

However, having passed these branches he becomes a senior and begins work on the more advanced studies. Didactic instruction is not in strong favor and such lectures are seldom given. Especially is this true in regard to a comprehensive scheme designed to cover a subject—surgery for example—by a number of consecutive lectures. Almost the entire time and energy of both teacher and pupil are devoted to clinical work. Each senior student at some time during his course must fill a six-months clerkship to each of the principal professors connected with the institution. His duties consist in going through the wards with his teacher and making official notes of each case. The teacher points out the symptoms as they are seen at the bed side and discusses the diagnosis, prognosis and treatment. Theoretically all of this instruction is given for the benefit of the clerk but any student is welcome and a popular teacher will have a large following on the days that other students are at liberty. Should work be a little slack it is the proper thing to quizz those present on any subject that may occur to the teacher. The clerk by virtue of his office must bear the brunt of these attacks and he not infrequently experiences a bad quarter of an hour. He is also expected to frequently visit the wards assigned to his teacher, to carefully examine each patient daily and to observe any phenomena that may arise. He writes prescriptions, makes applications and performs operations, being at these times directly under the critical eye of his teacher. He thus gradually becomes personally and intimately acquainted with disease expressions, and learns practical methods of treatment. He does not burn the midnight oil, neither does he pore over his books by sunlight. Some students have no text books at all, and this, in accordance with the wish of those teachers who believe that all instruction should be given orally. It is worthy of mention that the books to be had for this purpose are inferior to those in use in America, both in the thought and diction of the author, and in the typographical work of the publisher. During his senior years a student enjoys all of the advantages of an active practice with none of its responsibilities. All kinds of diseases are before him and he lives among his patients, absorbing as much as may be.

Worry and care are to him unknown. He does not know the biting sting of a mistake, nor has he felt the crushing disappointment of a failure. There are no silent watches of the night while the old man with the scythe hesitates at the door. He still looks upon life as a playtime and is in no hurry to prove that it is a serious business. The conditions are favorable and the European student acquires—well, not so much theoretical but more practical knowledge than the American student.

## CATARACT EXTRACTION.

By Alfred W. Herzog, M. D.

(Read before the Eclectic Medical Society of the State of New York.)

The treatment of a mature cataract can in most cases be described with one single word, namely: "Extraction."

It is true that non-surgical means have been attempted and are from time to time taken from the oblivion in which they have been buried, to be again much advertised and lauded; it is also true that new remedies which are claimed to absorb cataracts are just at present greatly advertised and do once in a while receive the endorsement of physicians, who, however, be it said to their praise or blame, are not oculists and perhaps are not able to differentiate between cataract and keratitis or pterygium.

Be that as it may, the old ladies or gentlemen, who are willing to wait until their cataracts have been absorbed by means of electricity, Succus cineraria maritima, massage or cupping must be endowed with the patience of Job and when eventually they die, blind, let us hope that they awaken in another world with eyes wide open to condemn the charlatanism of those men who advertise these methods.

By the term "Cataract" we understand any opacity of the lens or lens capsule, and as all methods to remove cataracts by absorption have proven unsuccessful, the removal of the lens or lens capsule out of the pupillary field is the only means to relieve the patient of blindness.

For as the lens in its capsule lies just behind the pupil, when it becomes opaque it prevents the rays of light from passing through to the retina.

In olden times needles were passed into the eye and by their means the opaque lens was pushed out of the pupillary field, in this way removing the obstruction to the rays of light, but as the lens thus pushed into other parts of the eye acted like a foreign body, it often caused an inflammation of the eye, which totally destroyed the same.

At present this operation of couching is never practiced, but the operation of extraction has universally superseded it.

By the term extraction we understand any operation in which the eyeball is opened and the lens is removed from the eyeball.

In the young, up to the age of thirty-five, cataracts are usually soft, and the same is the case in cases of cataracts which have been caused by trauma.

To these cases of soft cataract this paper does not apply, as soft cataracts are not generally removed by extraction but by needling or suction.

The most common form of cataract met with, however, is senile or simple cataract, which occurs generally after the age of fifty, though sometimes a great deal earlier.

Both eyes are usually affected, one generally before the other, so that it is possible to operate the one before the patient has lost the use of both eyes, in this way preserving for him at all times at least one useful eye.

The best time to operate a case of senile cataract is when the cataract is ripe, that is to say when the lens substance has become completely opaque.

If a cataract ripens only slowly and there is some cause why the patient can not very well wait until the cataract is completely ripe, the cataract may be either ripened artificially, or operated upon before it has become quite ripe.

Quite a number of methods of cataract extraction are practiced, but they all can be divided into two classes, that is to say, into combined and simple extraction.

In the combined extraction an iridectomy is first made, and then the lens cap-

sule opened and the lens delivered.

This can be done at one sitting or at two different sittings, several weeks apart.

If a combined extraction, that is to say, an extraction with iridectomy is to be made, I prefer to make both at one sitting, as I believe that there is less shock than if the patient has to submit to two distinct operations at two different times.

I do prefer, however, simple extraction for various reasons.

In simple extraction the lens is removed without any iridectomy and in this way the operation is considerably shortened.

It usually will leave a round pupil, which will not only be preferable as the coloboma caused by an iridectomy is unsightly, but also because after a combined operation a great deal too much light enters the eye for the comfort of the patient.

It is true that in quite a number of cases a prolapse of the iris will occur, the dangers of which, however, have been exaggerated.

If a prolapse does occur during the operation, it can either be replaced or abscised.

Should, however, a prolapse occur after the operation, then it may be best to leave it entirely alone, if possible.

Any cataract extraction can be described as follows:

An incision is made through the cornea, sclera or both; then the lens-capsule opened and the lens delivered.

The operations differ in the location and size of the incision, in the method of tearing or cutting the lens capsule and in the mode of delivering the lens.

Also whether an iridectomy is made some time before the cataract operation or just before the operation for cataract; or again whether the cataract operation is performed without any iridectomy.

I may here state that if during the course of an intended simple extraction it is found that an iridectomy would be of advantage, this operation can easily be made either just before or after the delivery of the lens.

This necessity may occur either when the lens is too hard, so that it cannot be delivered, or if the iris prolapses.

Different operations for cataract are: The peripheral linear extraction, in which the incision lies entirely in the sclera. The peripheral flap extraction, in which operation the section is made entirely in the cornea, near its periphery. Each one of these operations has its advantages.

The scleral incision has the advantage that the scleral wound is not as likely to gap, that there is a larger conjunctival flap, which protects the wound from outside infection, and that prolapse of the iris is not so likely.

Some of its disadvantages, which seem to me to overbalance the advantages, are that there is more danger from sympathetic inflammation and that there is likely to be a hemmorhage into the anterior chamber, which makes extraction more difficult, as also more danger of escape of the vitreous.

The peripheral flap extraction seems to me preferable in that it has none of the disadvantages just enumerated, which speak against the peripheral linear extraction; but there is more danger of gaping of the wound and prolapse of the iris, than in the former operation.

Other operations which may sometimes be performed with advantage are the simple linear extraction, in which there is a small corneal incision; the extraction in closed capsule of Pagenstecher's operation in which the lens is extracted in its capsule.

This operation, however, does only succeed in cases in which the capsule is thickened and is likely to be accompanied by loss of the vitreous.

There are a great many modifications of these operations, but it would take too much time to try to recount them all.

The operation is best performed under cocaine or eucaine anæsthesia. The patient is kept in bed for about four or five days. The operated eye should be kept bandaged for about a week and the eye that was not operated for several days.

If everything seems to go well it is best not to meddle with the operated eye for a few days, that is to say, not to examine it at all during the first forty-eight hours after the operation except the patient complains of pain.

154 E. 30th St., New York City.

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## COLLINSONIA.

(Read at September meeting of the New York Specific Medication Club.)

By S. R. Schultz, M. D.

Collinsonia Canadensis—Stone root. N. O. labiatae, habitat North America.

Constituents, volatile oil and resin.

Preparations—

Specific Collinsonia, does 1 to 60 m.

Ext. Fl. Collinsonia, dose 2 to 15 m.

Tr. Collinsonia, dose 5 to 30 m.

All preparations should be made from the green plant.

*Physiological action—*

Collinsonia stimulates the stomach, promoting absorption. It is actively tonic and from this influence its beneficial action is exercised upon the functions of all the vital organs.

Collinsonia is a tonic to the enfeebled muscular structure of the heart. It is conspicuous in its activity to overcome relaxed and out-of-tone conditions of the walls of the veins. It has a direct influence upon atonic condition of the capillaries.

*Specific symptoms—*

In piles with a sense of fullness or foreign body in the rectum, in all relaxed conditions of the mucous membranes of the lower bowel Collinsonia is the remedy. It works more promptly if there is passive congestion with blueness or dark discoloration of the membranes, showing imperfect venous and capillary circulation.

*Therapeutics—*

It is a specific remedy for hemorrhoids. A recent case can be cured between three days and one week. The worst and most obstinate cases can be relieved and permanently benefited by Collinsonia.

In catarrhal gastritis where the circulation is defective, Collinsonia alone or combined with hydrastis is of first importance. These agents combined improve the tone of the stomach, strengthening its walls and its mucous membranes, also increasing the strength and character of its glandular structure. It improves the appetite and greatly improves digestion and assimilation.

Collinsonia combined with Fe. is a superb general tonic in relaxed and general debilitated conditions.

Acute inflammations do not readily yield to Collinsonia, although it is an excellent auxilliary to the indicated treatment.

When piles are operated upon this remedy may be given before and after the operation with most excellent advantage. I use it in the following manner in piles: Wash the rectum thoroughly with hot water every five or six hours. Then inject a solution of Glycothymelene, about 50 per cent., followed within an hour by an injection of equal parts of Collinsonia and Hydrastis, and I have this way cured cases where others refused to treat, advising surgical interference.

If you do not wish to use Glycothymelene, Hammamelis is an excellent substitute.

Hemorrhoids of pregnancy have in my hands readily yielded to Collinsonia internally and externally.

Recently I have used Collinsonia in a

case of cystitis nine years old. I had used almost everything without any avail until I tried Collinsonia and I noticed some improvement. I, therefore, intend to follow it and see what permanent results I can accomplish.

Collinsonia is somewhat of a heart tonic, yet it is not to be employed where quick results are wanted. Its steady use, however, seems to produce permanent results.

In atonic conditions where passive hemorrhages occur, Collinsonia is positively curative.

*Summary*—

The special field of Collinsonia seems to be where the sympathetic nerve or organs supplied by it are out of tone. Its therapeutic action and specific symptoms can, therefore, be readily understood. It does not seem to have any action on the voluntary muscles or organs.

New York City.

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## CRATAEGUS OXYACANTHA.

(Read at September Meeting of the N. Y. Specific Medication Club.)

By O. H. Rohde, M. D.

Hawthorn Berries.

It is not necessary to enter into details regarding the Flora as that can be easily procured. It is a pleasant drug, dark red in color, mixes readily with water, hot or cold, and agreeable to the feeblest patient. Its action as recommended is on and for the heart, Augina Pectoris, Valvular Insufficiency, Cardiac, Hypertrophy, precardial oppression. Some time time ago a pamphlet fell into my hands describing the use of this drug by an Irish physician, with marked success. He gathered the ripening berries from the Hawthorn hedges around his house in the country near Dublin and became noted for his success in heart diseases, finally before death imparting the remedy used. I wrote several manufacturing firms about this production, but they did not have or know of any fluid extract made. Finally I obtained some from the Merrell people. As Eclectics, we contend that our country's Flora has a value yet untried. Many valuable remedies are concealed in them to be unlocked by trial and study and even the drugs now in use have values single or in combination that will also be revealed in time. Heart remedies are in demand. We need them, sure in action, safe in handling and positive in result. So much depends on that organ, so many complications arise, and also the sympathy shown by it, when other organs are affected, often leads to fatal results when least expected and often when patient has been declared convalescent. In the use of Crataegus I have not found marked aid to kidneys. It seems to act on heart alone. I have therefore given K. Nitras, Agrimony, Mitchella, Hydrangia, etc., etc., as indicated, or secured aid by saline laxatives. Naturally, when cardiac action is normal we have also normal urinal secretions if organs are healthy, but when the kidneys need aid it is best to use remedies for their benefit, and leave the heart to its action alone. Crataegus will thus have full action on the organ and give results looked for. Merrell's Fl. Ext. is marked for use in ℥ss to ℥s dose in aqua ℥iv by commencing with a smaller dose, say ℥ii to ℥iv aqua, and carefully noting action a surer result will follow. Do not look for an immediate benefit; a few days must elapse, but if the symptoms are rightly diagnosed the benefit is as sure as in Cactus, Lobelia, Digetalis, etc. It is not wise to laud a drug until proven. The concensus of opinion must aid to establish facts; even then cases will come up that do not respond to its action, but as that can come from other complications the drug ought not to be discarded on that account. Since a sample was placed in my hands for a test I have care-

fully noted action on pregnant cases, combining it with Mitchella and Viburnum—or with Nux Vomica, or Senecio—Caulophyleum according also to indications and stage of growth; its effect was always beneficial; the patient would speak of a free feeling in the chest as though a weight had been removed and more activity of Foetal life. In Asthma it aids combined with Angelica. Evening primrose, Lobelia, Sanguinaria or Grindelia, in the last, combine with a little glycerine or syrup. If malarial conditions exist combine with Cinchona Boneset and other remedies. In Cyanosis aid its action with Quebracho or Lobelia. In many cases of Hypertrophy it will greatly aid to lessen danger of valvular dilatation often producing recovery and in fatty degeneration. If combined with Gelsemiun, Veratrum Ver, Aconite, Adonis or other heart stimulants, and aid system by diet, salines, etc., to overcome obesity, not omitting exercises as indicated. In Endo-Carditis, I am not report, neither in any rheumatic conditions, where inflammation has set in which further trials must establish and the concensus of physicians, when reports are given. I find it very useful, and have placed it in my line alongside of Collinsonia, Cimicifuga Cactus, Veratrum. I prefer it to Digitalis, when combined with convallaria mojalis, as I get no cumulative action and have then both heart and kidneys aided to healthy conditions. Remember a drug is at its best when its action on the system is thoroughly understood and its healthful effect can be relied on. I mention only my own combinations. I trust it will be taken up and faithfully tried. Eclectic Materia Medica means a thorough comprehension of drugs, their uses and effects. Let us strive to make our knowledge a potent factor at the bed side and prove that our country's flora and that of other lands produce a surer return to health and strength with least danger to life and more safe at any time than coal tar preparations or the numerous new chemical products now produced in such an abundant variety. Let us think, reflect, use caution, aiming only to aid Dame Nature.

Brooklyn, N. Y.

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## A RARE CASE.

(Reported at the September meeting of the Eclectic Medical Society City and County of New York.)

By G. W. Thompson, M. D.

Mr. President and Members of the Society:

I present to you this evening the only case of its kind that has occurred in my practice of sixteen years as an accoucheur. On August 29th, about one o'clock A. M., I was called to Mrs. O., aged 28 years—a strong, healthy woman designed by nature to bear children with little difficulty. As I had previously delivered her of three children, I knew there should be no delay in reaching the bedside as soon as possible. I found that she had been in labor two hours. Upon examination I found the os fully dilated, the membranes distended, strong and intact. The presentations normal. I ruptured the membranes and the third pain delivered her of a healthy, strong boy, weighing 8½ lbs. I ligated the cord in two places and divided it. A drop of blood flowed and stained the linen. A slight uterine contraction expelled the placenta and membranes. To my astonishment not a particle of blood was to be seen. The vessels into which the membranes and placenta were placed did not show a stain. I called the attention of the nurse, who had had quite some experience in midwifery, also the husband, who had been with his wife in previous confinements, to this remarkable occurrence. I cleansed the patient, adjusted a napkin, then pressed

over the uterus to expell any accumulation. Nothing came away. There was no post partial pains or any discharges until the following day, when a slight flow of blood set up and lasted four days, then ceased. As you will observe the only blood seen during the entire course of labor was that that flowed from the cord between the ligatures.

142 E. 30th St.

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Lysander, New York, Sept. 11, 1901.

My Dear Doctor—

Be kind enough to read this document. It concerns you, and also the cause of Eclecticism, vitally.

The strenuous life of this new century is felt in no profession more intensely than in the Medical. The various schools have an intuitive feeling that they are put to the test and they are striving for precedence with all their energy.

In this struggle the Eclectic School is more than holding its own. New Eclectic Colleges, well equipped, with able and tried instructors, are springing up in response to a demand for Eclectic teaching, and their students are taking prominent positions in competition with the best products of the other Schools.

The West is particularly alive to Eclecticism. This is probably due as much to the keen insight of the Western people as to their independent radicalism. We of the East are handicapped by conservatism, and, as, Eclectics,—pioneers of newer and better things—we must, if we wish to keep up with the procession, rend our bonds and assert our independence.

As Eclectics we may justly assert that we have the best and most successful practice of medicine in the world. We may with truthfulness say that we are the equals of all other medical bodies in the other departments of Medical Science; but it is in the Practice of Medicine that our positiveness may best assert itself. Specific Medication—the correct fitting of drugs to definite pathological conditions—is destined to become the medical practice of the future. We are the originators of the idea. We must carefully continue to study drug indication and disease expression, and nowhere can the student learn this most vitally important lesson save in Eclectic Colleges.

I particularly ask you to become imbued with the above idea. Eclectics need Eclectic education. Eclectic education can only be obtained in Eclectic Colleges. Eclectics are marvellously successful in their practice.

Many of us are getting old in the fight. New men are needed. New blood must be plentifully infused into the Eclectic body if it is to retain its vigor and continue in its successful efforts of reform in the Practice of Medicine. That is why I address this circular to you. If Eclecticism is to fulfil its mission our Colleges must be filled with young men and women to be taught our methods. The filling of our Colleges lies to a certain extent in your individual hands. If they are filled it is to your credit; if they are empty, to you must come the blame.

I exhort you to think seriously of this. You doubtless know—every physician knows—of some bright young man or woman who contemplates the study of medicine. Will you not seek him out and impress upon him the fact that Eclecticism opens up to him a field more sure of success than any other practice; that Specific Medication is not only a success to-day but is the sure dominant practice of the future? Let him make no mistake in choosing his School of Practice.

Of Eclectic Colleges there are plenty. Direct him to any of them. The important cities of the West and South have them and they are all good. In the East we have the Eclectic Medical College of the City of New York, and we of

the East are loyal to it whether it is our Alma Mater or not. It is the equal of any of them and is worthy of our patronage. Direct your students to it or to any Eclectic College you may choose. You cannot err in any of them, but if you have no choice send them to our home College with full confidence that the best Eclectic instruction will there be given them.

Students from Eclectic Colleges have passed with honor their examinations before the various State Licensing Boards, and of their record and standing we are justly proud. Let us rally and fill our Colleges. Will you not help, my brother?

Respectfully and Fraternally,

F. P. SINCLAIR, M. D.

DEPARTMENT OF

## SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

### BRYONIA.

Throughout the fall and winter months Bryonia is a very frequently indicated remedial agent. It is obtained from the root of a vine known as Bryonia Alba. The vine climbs by means of tendrils to several feet above hedges and undershrubs. Its root is from two to four inches in diameter and about two feet in length. It has black berries and white flowers. It must not be confounded with black bryonia.

In all headaches affecting the right side and extending from the forehead to the occiput, especially when the pain is constant and severe, Bryonia exerts an influence which can be relied upon as curative Headaches of a rheumatic origin are also promptly relieved by the medicament. Acute inflammations of the thoracic viscera and of the pleura are controlled by its inflammation subduing power. In pleurisy it is nearly always an indicated remedy, and when effusion has taken place it will induce absorption of the fluid in many cases which would prove fatal were this medicament neglected. In this disease, as well as in pneumonia, when there is tensive, sharp or lancinating pain, its relieving influence is promptly manifested. In bronchitis, with sharp or hacking cough, especially when the substance expectorated is bloody or frothy, it will not only relieve the distressing nature of the cough, but also lower the temperature to a desirable point. Acute rheumatic inflammation of the heart or pericardium calls for the exhibition of Bryonia, and in pericarditis and endocarditis, especially when there is effusion with apparent lessened power of the heart, it is an efficient remedy. In peritonitis it will do much toward controlling the inflammatory processes and subduing the fever. In all typhoid conditions with accompanying high fever it constitutes a kindly means of regulating the temperature. In rheumatic fevers, and in nearly all rheumatic conditions, its timely administration will do much good. In rheumatism of the joints of the fingers and hands its relieving influence is so decided that it cannot be mistaken.

The dose of Bryonia should be small. I usually add from three to ten drops of the specific medicine to four ounces of water, and direct a teaspoonful of the dilution to be administered every half hour to every two hours, according to the severity of the case.

### ADONIS VERNALIS.

*Common Name.*—Spring Adonis.
*Natural Order.*—Ranunculaceae.
*Part Used.*—The herb.

*Description.*—This is an early spring flower. It has stems about six inches in height, and bears large showy flowers of ten to twenty yellow petals.

*Doses.*—Fluid extract, 1 to 2 drops; specific medicine, 1-10th of a drop to 2 drops.

*Usual Prescription.*—℞ Adonis, gtt. x to xx, water, ℥iv. M. Sig. Dose one teaspoonful every two hours.

*Indications.*—Palpitation of the heart; mitral insufficiency; dropsy resulting from inefficient action of kidneys; irregular action of the heart; difficult breathing caused by feebleness of the heart.

This agent constitutes a valuable medicament in wrongs of the heart, both functional and organic. Under its influence the heart's action becomes slower, more regular and more forcible. It also greatly increases the urinary secretion.

Adonis Vernalis is tonic, cardiac stimulant and diuretic. In very large doses it is an irritant, and has caused paralysis of the nervous apparatus of the heart. It should be used with caution.

## ASCLEPIAS INCARNATA.

*Common Name.*—Swamp Milkweed.

*Natural Order.*—Asclepiadaceæ.

*Part Used.*—The root.

*Description.*—This plant has a smooth erect stem from three to four feet in height. Its leaves are opposite, four to seven inches long by half an inch to one and a half inch wide, obtuse at the base, and on short petioles. The flowers are red or reddish purple, sweet scented, and often in opposite pairs. There are several varieties of this plant—the A. Pulchra, the A. Glabra, and the A. Alba.

*Doses.*—Fluid extract, 10 to 60 drops; specific medicine, 5 to 60 drops.

*Usual Prescription.*—℞ Asclepias Incar., gtt. xx to ℥i, water, ℥iv. M. Sig. Dose one teaspoonful every hour to every three hours.

*Indications.*—Catarrhal discharges; chronic gastric catarrh; catarrhal inflammation of the respiratory organs; dysentery and diarrhœa; leucorrhœa; rheumatism from cold; dropsies.

As a diuretic in dropsy this drug is of considerable value. It strengthens the heart and often relieves the distress caused by infiltration of the tissues, especially the difficult breathing.

Ascelpias Incarnata is diuretic, stomachic, anthelmintic, and, in very large doses, emetic.

## POLEMONIUM REPTANS.

*Common Name.*—American Greek Valerian.

*Natural Order.*—Polemoniaceae.

*Part Used.*—The root.

*Description.*—This perennial plant is sometimes known as Jacob's Ladder. It has a creeping root and an erect branched stem from twelve to twenty inches in height. Its leaves are alternate, entire, smooth, and an inch long by one-half inch in width. The flowers are numerous, terminal, on short petioles, and blue in color.

*Doses.*—Fluid extract, 10 to 60 drops; specific medicine, 5 to 60 drops.

*Usual Dose.*—10 to 20 drops.

*Indications.*—Bronchial and laryngeal affections; coldness of the surface; dry and constricted skin; internal venous congestion; general languor.

In febrile diseases and in inflammation of the respiratory apparatus this agent is an efficient diaphoretic and expectorant. It also constitutes a desirable means of producing determination of blood to the surface.

Polemonium Reptans is astringent, alterative, diaphretic and expectorant.

## VERATRUM IN TOXEMIA.

The great power of veratrum viride in certain conditions of toxemia is rapidly

becoming more fully known to the entire medical profession. Dr. Isham reports numerous cases of convulsions and of coma in which he used twenty-five to thirty drops of Norwood's tincture hypodermically. These large doses were usually followed by vomiting of considerable bile, free diaphoresis, salivation, and, when the temperature was high, it was usually greatly reduced, as was also the pulse. In one case, an infant of nine months, suffering from enterocolitis and greatly debilitated, where the toxic process had caused spasms, followed by coma and a temperature of 104, twelve drops of the tincture were administered hypodermically, and prompt relief followed. In another case, a woman of seventy-three years of age, seized with convulsions evidently due to suppression of urine, an injection of twenty-five drops was followed by the restoration of consciousness within an hour. Several other cases of this character are reported, but where the case did not call for such radical treatment, he gave eight drops of Norwood's tincture every two hours until the temperature and pulse were lowered and nausea produced, when he reduced the dose to four drops. In conjunction with this treatment other drugs were employed as indicated. In delirium tremens the doctor also used Veratrum successfully. Undoubtedly just as good, if not better, results could have been obtained from much smaller doses of the drug. Two to ten drops of Specific Veratrum constitute a dose of great energy.

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An unusual form of antipyrin eruption in a man, 34 years of age, who was suffering from a herpes zoster involving the skin supplied by the eleventh and twelfth dorsal and the first lumbar nerves, is reported by Dr Deas. One-quarter of an hour after taking ten grains of antipyrin, the patient developed a generalized erythematous rash, like scarlet fever, felt faint and sweated profusely. The erythema began to fade in about half an hour, and the skin presented many pale areas, chiefly upon the exterior aspects of the limbs and the front of the trunk, neck and face. These pale areas gradually became raised, until, at the end of three hours, the whole front of the body was covered with bullae of different sizes. The front of each leg was the site of a huge blister, extending from the ankle to the knee. Several long, narrow blebs were situated on the front of the thigh, arms and shoulders. Bullae appeared upon the face and neck. The eruption reached its height about five hours after taking the dose of medicine, and by the end of eight hours had completely disappeared. The skin areas affected by the herpes zoster were unaffected by the drug eruption.

The dangerous characteristics of the class of drugs to which antipyrin belongs are daily becoming more and more apparent. These drugs should not be given an opportunity to show any more of their deadly peculiarities.

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The fruit or seed of Simaba Cedron, says Dr. S. H. Hodgson, is among the most prominent remedies used in Central and South America as antidotes for the stings of insects and bites of snakes. He has employed it extensively, and finds its action almost immediate and its relief complete. He also found the antitoxic properties of the drug so great that he administered it in several cases of yellow fever with results which were promptly curative. The doctor employed a tincture made from the grated or mashed seed. The dose of a fluid extract is from one to ten drops.

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The following terse and sensible remarks are taken from a very interesting

article by Prof. R. N. Tooker: "The more we meddle with cow's milk, except to dilute it, the more we injure it. The natural food of an infant is not boiled nor is it sterilized." In the same able article the doctor approvingly refers to the experiments of Dr. Freudenreich, and says: "He has demonstrated that the bacillus of cholera, when put into fresh cow's milk, dies in an hour, the bacillus of typhoid fever in less than twenty-four hours, while other germs die much quicker than when put into cooked foods. It is also stated that milk which has been heated to a temperature of 130 degrees loses all germicidal properties."

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In asserting that "bovine consumption and human consumption are separate and distinct maladies, and that cattle cannot be infected by man, nor can man be infected by cattle," Professor Koch makes an assertion of far-reaching importance. Possibly the doctor assured himself beyond a peradventure of the correctness of the statement before giving it to the medical profession. He certainly ought to have done so. But all the same, I prefer to have my steaks cut from healthy animals, and perhaps we had better continue to prohibit the sale of tuberculous cattle for a while longer.

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Dr. Pfromm advocates the use of normal salt solution in typhoid fever, given by rectal injection one pint daily. Under this treatment there is augmentation of the secretion of urine, stimulation of the circulatory system, early elimination of the toxins, and in many cases the nervous phenomena are absent altogether. The treatment should be commenced as soon as the urine diminishes in quantity. In a test series of 10 cases, using this method, there was absence of delirium and other nervous symptoms in 5, slight delirium in 2, and marked improvement in the remaining 3, after a few days of treatment.

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Dr. Paul Plummer reports five severe cases of pleurisy with effusion in which he employed Iodized Lime. The effusion promptly disappeared and the temperature soon became normal. He has also used the remedy in chronic effusions with good results, and believes it a remedial agent of value in all effusions of the serous membranes.

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The physician should know how to fit to every disease expression a remedy which has the power of opposing and removing it. In accordance with his ability to do this will be his success in practice.

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Dr Griffith says that it is a matter of repeated observation that the germ of diphtheria can often be found in the throat of a healthy nurse caring for a case of the disease.

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Dr. Ewart concludes that the addition of fifteen grains of common salt to the half pint of milk is of great practical importance when the patient is on an exclusive milk diet, usually rendering its digestion easy. It is also indicated for dyspeptic infants that seem to be intolerant of milk.

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Fucus Vesiculosis (bladder wrack) is employed by Dr. W. E. Bloyer as a remedy for goitre, and he has found it worthy of the highest commendation. The doctor uses the specific medicine in doses of from twenty to thirty drops three or four times a day.

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## STICTA PULMONARIA.

*Common Name.*—Sticta.
*Natural Order.*—Lichenes Parmeliaceæ.
*Part Used.*—The entire plant.

*Description.*—Sticta is a lichen which is found growing on rocks and trunks of old trees.

*Dose.*—Specific medicine, 5 to 10 drops.

*Usual Prescription.*—℞ Sticta, gtt. x to xx, water, ℥ iv. M. Sig. Dose one teaspoonful every half hour to every three hours.

*Indications.* — Short hacking cough; cough of acute bronchitis; asthmatic cough accompanied by quick sharp pains; pain in shoulders extending to neck and back of head; sharp pain with soreness above the scapulæ; rheumatism when the muscles of the chest are involved, and also when the muscles of the shoulders are sore and tender; hay fever.

This is a good remedy in irritation of the base of the brain, but its most important use is as a cough medicine.

Sticta Pulmonaria is demulcent and mucilaginous.—*Fyfe's Materia Medica and Therapeutics.*

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## AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

The fourteenth annual session of the American Association of Orifical Surgeons occurred in Chicago Sept. 18 and 19. A large number were in attendance, and the well-filled program was productive of much discussion and contained much information along the line of the orificial philosophy that was of interest to the profession. Occurring, as it did, during the week of Prof. Pratt's September course in orificial surgery, it proved a veritable Mecca for all, the disciples of this great and good man and most wonderful teacher. Dr. W. E. Bloyer, of Cincinnati, presided with dignity and ability. The officers elected for the ensuing year are: President, Henry C. Aldrich, Minneapolis; vice-presidents, G. R. Herkimer, Dowagiac, Mich.; G. A. Shoemaker, Lincoln, Neb.; secretary, R. St. J. Perry, Farmington, Minn.; treasurer, T. E. Costain, Chicago. It is expected that the transactions will be published in pamphlet form. A large number of new members joined during the session.

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## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

In memory of the late President of the United States, William McKinley, the regular monthly meeting of the society was opened by the president, Dr. James Hervy Bell, and immediately adjourned to Thursday, September 26th.

The adjourned meeting was held at the society's assembly rooms, No. 239 East Fourteenth street on Thursday evening September 26th, Dr. James Hervy Bell, president, in the chair, and Dr. Henry J. Doll, secretary, recording.

Dr. Irwin presented a very interesting case. The patient, a male, on inspection disclosed a peculiar hyperæmic aspect of the skin of the extremities. The history pointed to no venerial origin, although of twenty years standing.

The case was discussed by Drs. Hyde, Krausi, Birkenhauer, Brandenburg and Thompson. The common opinion of the doctors who discussed the case warranted the conclusion that its hyperæmic discoloration of the skin was due to central nerve irritation.

A vote of thanks was tendered Dr. Irwin for her kindness in presenting the patient.

Dr. Boskowitz reported a case of lupus of the face, in which improvement was noted after several treatments by the X-rays. The rays were directed to the diseased part of the face through an opening in a section of sheet-lead which protected the healthy parts from the action of the rays. Five minute applications were used.

Dr. Thompson reported a case of labor, unique in the doctor's practice,

owing to the fact that not a single drop of blood was seen during the delivery of the patient, except the small drop which fell on the sheet from the division of the cord. Not even the passage and expulsion of the placenta were followed by the least trace of hemorrhage. The lochia, however, followed in the course of several hours.

Dr. Krausi reported a case of probable epithelioma of the nose, in which improvement was noted after the continued application of his colorless iodine mixture.

Dr. Bell reported a case of hæmatemesis in which he nourished the patient with panopepton by rectal alimentation to avoid irritation of the stomach and upper intestinal tract by the introduction of food. The patient thrived on the food enemata and eventually recovered.

Dr. Thompson reported a case of accidental puncture of the fundus of the uterus during curettage. Although the curette penetrated the peritoneum of the abdominal cavity neither sepsis nor any other untoward sequelæ followed.

Dr. Bernstein reported his experience with a patient to whom he had been called to prescribe for cramps. About to leave the house after having prescribed, the woman was seized with another cramp. This aroused the doctor's suspicions, and in vaginal examination found the os uteri patulous; in twenty minutes the woman was delivered of a living child.

Dr. Boskowitz reported a case of occlusion of the meatus of the urethra in a new born male child. On inspection, finding no opening, the doctor inserted a trocar where the meatus should have been. Fearing to push the instrument too far he withdrew the same and pondered what next to do, when to the relief of his anxiety and that of the little patient's bladder, a tiny stream of urine shot forth from the penis.

A vote of thanks was extended to all the doctors who reported cases.

Dr. Boskowitz announced that the college opens on Monday, September 30th for the session of 1901-'02, and invited all the members of the society to attend. He also asked the members to induce students to attend the college according to the spirit of the letter sent out by Dr. Sinclair, president of the State Eclectic Medical Society.

On motion by Dr. Boskowitz the Society voted to contribute a sum of money toward a fund to defray the expense of having a picture made of the late Professor Armgardt to be hung in the college library.

About twenty-five members responded to the roll.

Henry J. Doll, M. D., Secretary.

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## KINGS COUNTY ECLECTIC MEDICAL SOCIETY.

Sept. 16, 1901.

A meeting of the Kings County Eclectic Medical Society was held on above date in the parlors of Dr. D. N. Brown, No. 268 S. Third St., Brooklyn. The meeting was called to order by President Brown, and after general routine of business, plans were made and discussed to have an active campaign for the winter months, and endeavor to make the Society a factor for sociability and medical knowledge and interest. Many topics of interest came up for discussion. Dr. Pearlstein gave an experience while attending one of Dr. Froelich's consumption tests. The action of the injection on the patient (a female) and its possible results. Dr. Louis reported an interesting case of Hysterectomy. Dr. Heeve spoke on typhoid fever and meningitis. Drs. Brown and Salter also mentioned cases in hand. After routine business had been resumed and business closed, President Brown tendered refreshments. A hearty

vote of thanks was given Dr. Brown for his courtesy. All agreed that a most enjoyable and profitable evening had been spent.

The next meeting will be held on Monday, Oct. 21, 1901, at 8.30 P. M. at the residence of Dr. O. H. Rohde, No. 113 Reid Ave., Brooklyn. Come one, come all. Let us aid ourselves and Eclecticism.

O. H. Rohde, Secretary.

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The New York Specific Medical Club meeting was held in the college parlors Sept. 12, 1901.

Twelve members present.

Dr. O. H. Rohde read an essay on Crataegus oxycanthus.

Dr. S. R. Schultz read an essay on Collinsonia canadensis.

Dr. W. L. Heeve reported a severe case of burn.

Dr. M. B. Pearlstein presided.

Dr. W. L. Heeve was elected chairman of next meeting which is to be held Oct. 10, 1901.

H. J. Birkenhauer, M. D., Secretary.

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## SELECTIONS.

In nocturnal incontinence of urine, atropine, in doses of 1-500 grains, three times a day, cured twenty-nine out of thirty-seven cases.—Medical Summary.

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For diarrhea of children, accompanied with slight inflammation, straining, and the passage of jelly-looking matter, but no true dysentery, five drops of castor oil, given every hour in water with sugar and gum, is an excellent remedy.—Medical Summary.

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## ABSCESSES.

In small abscesses, occurring in infected wounds, whether they involve the whole or only a portion of the wound, there is no better treatment than the removal of stitches, washing out with peroxide of hydrogen, and thoroughly painting the pyogenic surfaces with tincture of iodine.—International Journal of Surgery.

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## ITEMS.

Dr. P. Nilsson, who for a long time was located at the College building, has opened an office at No. 175 East 94th street.

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Dr. James Hervey Bell is now located at 224 East 30th street.

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Dr. Pitts Edwin Howes was married on Sept. 25th.

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Drs. M. Wolff and J. Glass have opened offices at 58 Second avenue.

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Elizabeth Irwin, M. D., has removed her office to 153 East 47th street, city.

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Dr. Beatrice Rosbach has just returned from an extended tour of the hospitals of Germany and expects to open an office in New York City.

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We had a very pleasant visit from Dr. O. C. Welbourne of Long Beach, California, who has just returned from Europe. The Doctor has spent two years in post-graduate work and relates some very interesting experiences. We hope that he may decide to settle in our town.

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## QUERY DEPARTMENT.

At the request of many subscribers we will, with the October number of the Review, start an Inquiry Department, which will be in charge of Dr. Pitts Edwin Howes of Boston, Mass., and our subscribers are invited to freely make

use of this department, addressing their inquiries to Pitts Edwin Howes, M. D., 703 Washington street, Dorchester District, Boston, Mass.

The above appeared in the September Review and we desire once more to call the attention of our readers to it. Dr. Howes will answer all queries beginning with the October Review.

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## A CORRECTION.

On page 303 in September number a prescription under Echinacea should be as follows:

℞

Ex. Fl. Echinacea ℥ss.
Ex. Fl. Phytolaccæ ʒss.
Aq. qs. ad ℥iii.
M. Sig. ʒi every two hours.

Five drops is the minimum dose and can be increased to 60 drops.

J. H. Bell, M. D.,
224 East 30th street,
New York City.

---

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Prepare your papers for your State meeting. Don't wait until you are en route for the meeting.

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SUGGESTIVE THERAPEUTICS AND HYPNOTISM.—Being a special Mail Course of Forty-one Lessons on the Uses and Abuses of Suggestion.—By Herbert A. Parkyn, M. D., C. M., Principal and Founder of the Chicago School of Psychology. The first school of its kind established in America. Editor of the Monthly Magazine.

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Suggestion.—As a rule we do not approve of mail courses, but this of Dr. Parkyn's is an exception. He certainly has in the forty-one lessons of the course, been very thorough and at times exhaustive. I consider the book a very attractive and practical exposition of suggestive therapeutics and hypnotism. If you know something of the subject it will help you to a better knowledge and if the subject be new to you it proves a most valuable introduction. We heartily commend it to our readers.

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## BOOK REVIEWS.

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TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION of the United States of America for the year ending June 20, 1901, including the proceedings of the thirty-first annual meeting, held at Chattanooga, Tenn., June, 1901; together with the reports, papers and essays presented before the several sections in their sittings. Edited by Finley Ellingwood, M. D., Secretary, Chicago.

The Society and Secretary Ellingwood are to be congratulated on the promptness with which this volume of transactions was issued, and it looks quite as well as those that took longer. There are some innovations. No table of contents, addresses, essays, etc., precede the preamble, act of incorporation and standing resolutions. We, in the East, would, to use a homely expression, think this was

putting "the cart before the horse." But may be it's all right. Wouldn't think of dictating to Chicago. There is also a special index called the Index of Participating Members. Just what they participated in is not apparent. In looking over the list in this index we find the names of a large number of members who did not attend the meeting at Chattanooga. Some were appointed section officers and some may have sent papers and if this is participating in the meeting, I withdraw the criticism. The book shows good work at the meeting and by the editor, Prof. Ellingwood.

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HISTORY OF MEDICINE. A brief outline of medical history and sects of physicians from the earliest historic period; with an extended account of the new schools of the healing art in the Nineteenth Century, and especially a history of the American Eclectic practice of medicine never before published. By Alexander Wilder, M. D. New England Eclectic Publishing Co., New Sharon, Me.

This volume of nearly a thousand pages is interesting, instructive and entertaining. "The extended account of the new schools of the healing art in the Nineteenth Century and especially a history of the American Eclectic practice of medicine never before published." This, of course, is the part of the book that to us proved most interesting, and it occupies almost two-thirds of the volume. Every member of the Eclectic profession should procure a copy, for it will prove a good investment. Nowhere can a more complete story of the early reformers be found—and Dr. Wilder's description of them is most interesting, for he had a personal acquaintance with many of them and some he knew intimately. Occasionally in his descriptions of some of the pioneers he does not stick closely to the sentiment expressed in his "fore words." That "a history as a record of events should be faithful, impartial and, so far as may be, unimpassioned, etc.," but we are all human and even Dr. Wilder in this great book has not been able to completely hide his prejudices.

The book can be obtained by addressing Dr. W. C. Hatch, treasurer Eclectic Publishing Co., New Sharon, Me.

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ETIDORHPA, or the end of earth. The strange history of a mysterious being and the account of a remarkable journey. By John Uri Lloyd, author of "Stringtown on the Pike." With many illustrations by J. Augustus Knapp. Eleventh edition. Revised and enlarged. New York: Dodd, Mead & Co., 1901.

Prof. Lloyd has presented us with a wonderful story. This of Etidorhpa, not exactly a book for summer reading, but a book that excites interest and keeps one thinking of "I am the man," with his long whiskers, or of the eyeless companion whose "forehead extended in an unbroken plane from crown to cheek bone and the chubby tip of an abortive nose without nostrils formed a short projection near the centre of the level ridge which represented a countenance. There was no semblance of an eye for there were no sockets, etc., etc." It is hard to tell which chapter is most interesting. The peculiar philosophy of the book, the examples of thought transference, hearing without ears, oscillating through space, the drunkards voice and the drunkards den. At times it seems uncanny, but is always interesting and filled with this wierd philosophy. It is a splendid book from which to read a few chapters aloud and then stop and discuss it, and you find yourself in the wee, small hours of the morning wondering.

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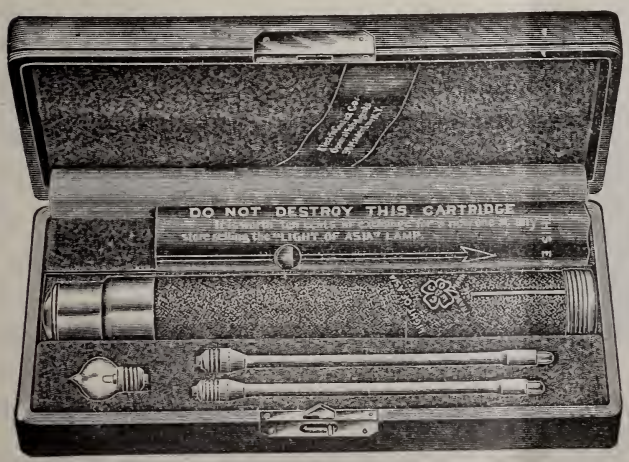


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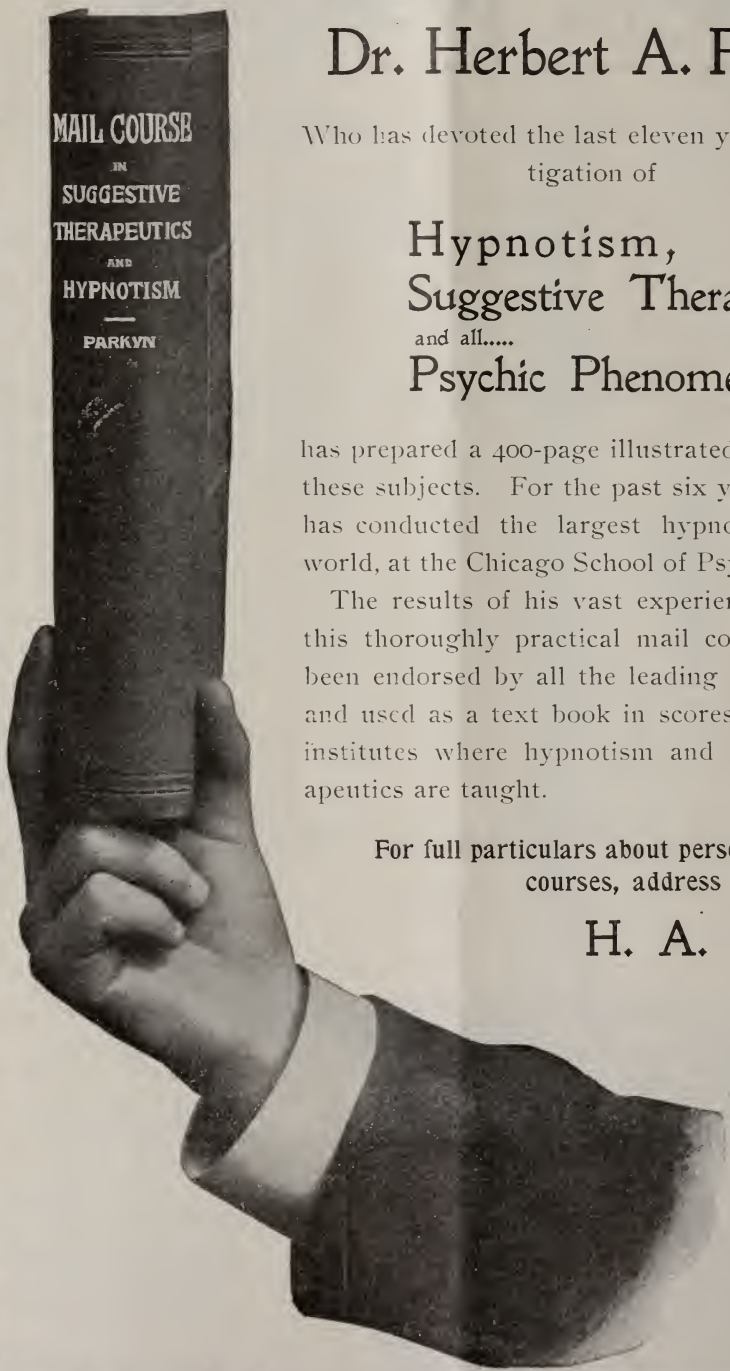


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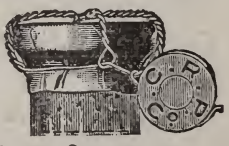


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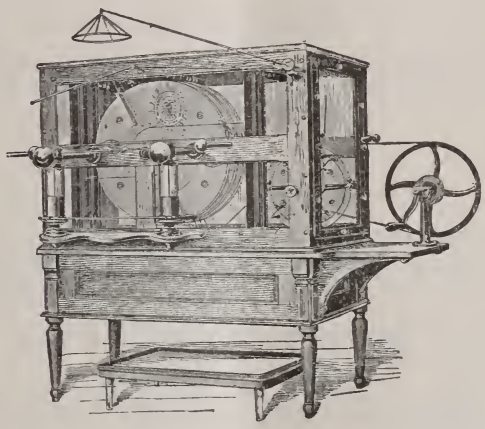

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# THE ECLECTIC REVIEW.

EDITOR: G. W. BOSKOWITZ, M. D.

VOL. IV. NEW YORK, NOVEMBER 15, 1901. NO. 11

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## DR. KING'S PATELLA SPLINT.

The attention of the reader is particularly called to Dr. King's article on "Dressing For Fractured Patella." It is a simple, positive and effective dressing.

## THE REVIEW.

The circulation of the Review has been steadily increasing so that at the present time we believe that it is read by more Eclectics in New York and New England than any other Journal of our School. Advertisers will find it to their advantage to present the merits of their goods through the advertising pages of the Review.

## WILLIAM S. LATTA, M. D.

Prof. William S. Latta died at Lincoln, Nebraska, October 18th. The Doctor for many years was a leader in our branch of the profession, and was well known among Eclectics generally. He had served as president of his State and of the National association. From the Nebraska State Journal we glean the following: "He was Dean of the Eclectic department of medicine of the University of Nebraska and while a memeber of the legislature secured the first appropriation for the present laboratory of the State University.

"During the latter years of his life he was Dean of the Lincoln Medical College, an institution which he founded as a department of Cotner University.

"He was born in Crawford Co., Penn., May 3rd. 1826, and lived there until 18 years of age. He graduated in the Eclectic Medical College of Cincinnati, in 1854, and practiced in that city three years. He came to Plattsmouth, Nebraska, April 17th, 1857, locating at Rock Bluff where he resided 16 years, excepting 2 years served in the Army. He enlisted as a private in '62 and was soon commissioned Surgeon of the 22nd Nebraska Cavalry. In 1862 he organized the military hospital at Omaha. He was twice a memeber of the legislature but abandoned politics to devote his time to his profession.

"He came to Lincoln in 1873 and lived here until his death."

We shall miss him at our Annual Meetings for the Doctor was always active and for many years attended the National regularly. The first meeting of the National that I attended was held in New Haven, Conn. It was a stormy meeting. Dr. Latta was in the chair and presided with fairness and dignity. His pleasant greeting and encouragement given us at that time was never forgotten. The New York delegation extends its sympathy to the members of his family, and to the Officers and members of the Lincoln Medical College.

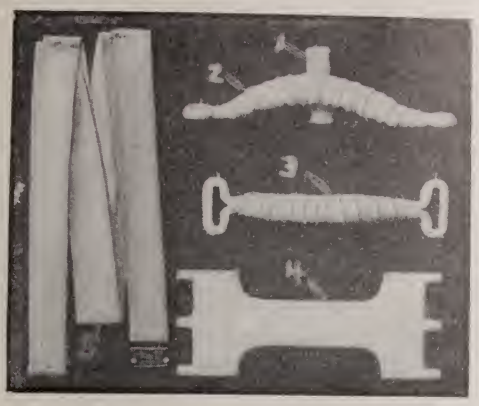
## DRESSING FOR FRACTURED PATELLA.

By G. W. King, M. D.

While having a strong desire not to have a case of fractured patella, I had to take one to treat. For several days the best information I could obtain about such cases was put into use, and with unsatisfactory results. As with many others, necessity became the mother of an invention. An illustration will be given of the invention, which is as sure to give pleasing results as that Nature will unite the fractured parts of a healthy bone that have been properly put and kept together.

In the Transactions of the National Eclectic Medical Association for the years 1894 and 1895 I gave an account of the invention which has passed from a pleasing experiment to a certain success.

Substantially, the dressing has since been used in its original form.




No. 1 in the above cut is a strip of soft and strong cotton cloth nine inches long and two and a half inches wide.

No. 2 is an iron made of three-sixteenth rod, bent as represented in the cut, and its length, from the outer part of one loop to the outer part of the other loop, is seven and one-fourth ($7\frac{1}{4}$) inches. It will be noticed that the straight part on one end of the iron is longer than the straight part on the other end. Said longer straight part must be put on the inside of the knee, the inner condyle being the larger.

No. 3 is like No. 2 with the exception that it is three-fourths of an inch shorter.

Both No. 2 and No. 3 should have long, narrow rollers on them, for padding, as seen in cut.

No. 4 is a piece of basswood one-fourth of an inch thick, seven and one-fourth inches long, three inches wide at its widest part, one and one-fourth of an inch at narrowest part and shaped as seen in cut; to be padded a little and to be put under the knee (the patient being in a recumbent posture) to aid in keeping the straps from touching the sides of the limb, thereby giving free circulation. This part of the dressing is not absolutely necessary in the treatment, and when not easily kept in position or proves uncomfortable to the patient it should not be used. It can be easily removed, as other changes can be made, while the surgeon or an assistant hold Nos. 1, 2 and 3 in position.

No. 5 represents two cotton-webbing straps, each one inch wide, three feet long and having a buckle at one end. The buckles are common loop buckles.

The measurements must vary according to the size of the injured leg, always keeping in mind that Nos. 2 and 3 must be long enough to prevent the straps from touching only a small part of the sides of the limb, in case No. 4 is not used. The irons should be an inch longer than necessary rather than a quarter of an inch too short.

*Mode of Applying—*

Lay No. 1 on the strip of cloth, over the fragments of the bone; put No. 2, containing the longest iron, on the cloth above the broken bone, one of the straps having been put through one of the loops in the iron. The buckle will hang in the properly made loop. Pass the strap under the leg and through the other loop, return it and place it in the buckle. The rule for the tightness of the straps is to have them as tight as they can be without causing pain. The tongues of the buckles cannot be kept in the same holes all through the treatment of a case. Have the buckles on the most convenient side of the leg and bed.

Place No. 3 on the cloth, below the patella and do as has been done with No. 2.

The surgeon must then move the irons, causing the pieces of bone to be surely and properly brought together. An assistant should then make three turns of some good non-elastic cords through the iron loops and tie them.

The ruffles made in No. 1, or strip of cloth, can be taken out by traction on the ends. The cloth serves to keep the pieces of bone from tilting. The surgeon, with his finger on the cloth, can easily tell the condition of the patellas. He should also

compare, by measurement, the broken with the sound patella.

The patient must be kept in bed—better on a mattress—for six weeks. A little passive motion of the joint, to prevent ankylosis, should be made two or three times every day. The dressing should be worn six weeks after the patient gets on crutches.

A tapering splint, from three-eights to half an inch thick, made of basswood, and nearly as long as the space between the hip and heel, should be used when the patient is on crutches, so as to guard against too much or too sudden bending of the knee. It should be three inches wide at the narrowest end and seven inches at the widest end, more or less, according to the size of the limb. The narrow end can rest against the back part of a shoe and the splint fastened to the posterior part of the leg with webbing straps or bandages.

No matter in what form the patella may be fractured, the dressing is appropriate for it. If the fracture is otherwise than transverse, the limb must be kept a little flexed, then requiring the aid of a flexible splint. When the pieces are kept immovable, to the right or left, between the condyles of the femur and otherwise kept in proper places by the dressing, all of such pieces must be in contact and ready for Nature's cementing process.

On the third day of July, 1899, a woman, forty-five years old, and not in the best physical condition, started for the cellar and fell against a sill of the house, the result being a fracture of a patella which was nearly transverse. A doctor, within a mile of the case—I being four miles from it—was called. He said he had had two such cases and did not want any more, as the result in the treatment of them was not satisfactory. He favored the cutting and wiring treatment and recommended a Sartoga doctor who gave such treatment. On his way to the office of the Saratoga doctor, the husband of the patient thought about hearing of my successful treatment of a broken knee cap. He came for me and I applied the dressing described in this paper. The result was, that in nine weeks from its application the woman sat in a chair and raised her foot from the floor without the use of her hands and walked without cane or crutch. For more than a year she has had as perfect use of her leg as she ever had.

The repair or cure was not hindered by the use of any anodyne. The patient's mind was very much relieved when she learned that her knee would not have to be cut open and the pieces of the cap drilled.

King's Station, N. Y.

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## IRIS VERSICOLOR.

By O. A. Hyde, M. D.

This plant and its use in medicine is so well known that it is difficult to add anything of special interest to its present literature.

It is a cathartic, alterative, sialagogue, vermifuge, and diuretic. Its action, in large doses, seems to be exerted upon the digestive tract; liver, kidneys, glandular system (lymphatics and skin); while, in smaller doses, it acts less violently upon the same organs and tissues, at the same time eliminating effete material from the blood.

The digestion is probably influenced by the effect of the drug on the liver.

The free secretion and elimination of bile produced by Iris Versicolor demonstrates its chologogue power

The stimulation of the Lymphatic system and skin is perhaps one of its most valuable properties.

Iris is indicated in Hepatic torpor, or obstruction of hepatic ducts, resulting in digestive disturbances, jaundiced skin, evacuation of clay-colored stools, scanty

urine, right hemicrania, acid fluid being vomited, with painful diarrhœa.

In brief review, we note that Iris Versicolar has been found of decided benefit, either alone, or in combination, in disorders of the digestive organs; here exerting probably its greatest power, especially by its effect on the liver.

That, secondly, in the order of its efficiency of action, we may place its alterative control on the Lymphatic system and skin.

And, lastly, its influence to tone and regulate the genito-urinary apparatus is of decided value.

Therefore, it is indicated in diseases of liver, stomach, spleen and bowels.

Also in syphilis and scrofula, enlarged glands from any cause, and in skin diseases of a catarrhal tendency as in eczema (it may be employed locally also in these latter affections).

It is prompt and efficient in inflammation of serous membranes, or serous sacs, as in pleuritis, peritonitis, and I may possibly include meningitis and pericarditis. These various sacs bing regarded as belonging to and forming part of the lymphatic system.

In the same manner we may regard its beneficial effect in the early stage of goitre as resulting from its power over the lymphatic vessels and glands.

And, finally, the genito-urinary apparatus may be shown to be decidedly affected by Iris, its diuretic action and remedial effects on the sexual organs affording sufficient proof.

Personally, I have obtained almost immediate and most gratifying results from Iris in the relief of the harrassing cough of pleurisy, given in 10 minim doses of the fluid extract in a little water at bedtime. My experience leads me to indorse the claims for the drug in almost all the particulars given above.

So promptly does it act in some cases to excite menstrual flow, that it should be carefully employed when abortion might be possible.

I may epitomize this paper by asserting that the efficiency and power of Iris Versicolor consists in its action on glands, as follows: First, on those of Digestion; second, on those of the Lymphatic system; third, on those of Genito-urinary apparatus.

New York City.

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## ON THE SIMILARITY OF NEUROSES IN THE MALE AND FEMALE AND THEIR DERMAL TERMINATIONS.

By Wm. J. Krausi, M. D.

Read at October meeting of the Eclectic Medical Society of the City and County of New York.

In the consideration of the class of cases which the above title would indicate, one can hardly touch upon the main features, essential to give a concise picture of the many symptomatic phases in a short paper.

So, of necessity, the paper can only give a synopsis, compelling the listener to pardon the abrupt statements, especially those which are anatomical and physiological, without more lucid detail.

The etiology in neuroses varies greatly, though, I think, at least from a clinical point of view we can safely divide ninety per cent of all neuroses into two general divisions.

Those having their origin in a functional perversion or pathological condition of the genito-urinary tract—and those having their origin in some form of chronic brain or spinal affection, sometime inherited and congenital, usually, however, associated with anemia and a feeble constitution.

The general disturbances of nutrition in this class of cases appears to be due to an abnormal reflex excitability.

It is true that there are a few cases

where the primary manifestations appear to be due to some immediate circumstance.

Where a person of a perfectly normal constitution may acquire an exalted reflex excitability by overstrained physical or mental activity.

Persons holding unusual responsible positions, or, shocks to the general nervous system, or pain, grief, fright, etc., gives rise to a nervous disturbance not only observable in the visceral system, but also manifested prominently in the genito-urinary tract.

It is to the neuroses of the genito-urinary tract and the similarity between the male and female that I would call special attention.

The exact connection between the nervous system and the functions of the urinary and sexual organs and their peripheral or dermal manifestations is but little understood.

We know that the centre for the nerves which preside over erection have their origin in the lumbar region of the spinal cord.

The nerves of the vasa deferentia and of the vesicula seminales have their origin also in the spinal cord.

The origin of nerves supplying the female genito-urinary tract, their manifestations, reflex or otherwise, have great similarity to the male. Many women with nervous and hysterical affections suffer from abnormalities of the uterus, associated with cervical catarrh or ulceration.

Localized hyperæmia occurs after gross excesses in venere or masturbation,—causing in the male prostatic catarrh and in the female a mild leucorrhœa, having its origin in the cervix.

I desire to draw attention to the similarity of the nerves existing between the prostate and the uterus.

In the male repeated sexual excitement, mental or otherwise causes congestion of the prostatic urethra, especially the caput gallinaginis. This not alone causes a chronic catarrhal condition of the prostatic ducts, the sinus precularus and ejaculatory ducts, but also, reflexly, upon the digestive system, leading the patient and at times the physician to believe that the phenomena of the reflexes are primary and not secondary.

It is also true that a chronically inflamed condition of the prostatic urethra in the male will produce an exalted reflex excitability and a degree of nervousness, found only in hysterical women.

We also find that many women with nervous and hysterical affections are suffering with abnormalities of the uterus, associated with a cervical catarrh.

This can be more easily understood when we consider that the prostate with the utriculus or uterus masculinus is in man that organ which finds its analog in the uterus.

The prostate and uterus are both very rich in nerves and are innervated by one and the same nerve plexuses.

The hypogastric plexus of the sympathetic, which is reinforced by filaments from the sacral ganglia and from the pudendal plexus of the sacral nerves, innervates the uterus in women by means of its accessory plexus, the plexus uterinus and in men the seminal vesicals and prostate also with the bladder by means of the plexus vesiculis.

The greatest number of nerves in the uterus, according to most authorities are found in the cervix.

In man we find nerve trunks especially numerous in the prostate between the sphincter urethra and the circular striped muscular fibres of the cortical layer, which extend along the urethra, having nmerous ganglionic cells between the fibrous layers.

The prostate also contains, in its cortical layer, many pacinian corpuscles,

which as a rule are only found in organs rich in nerves and especially of a sensitive character.

The hypogastric plexus of the sympathetic is in intimate connection with the pudendal plexus of the spinal nerves (smaller sciatic) which are in very close and direct relation with lumbar nerves.

Keeping in mind the intimate and direct relations existing between the prostate and uterus with the indirect peripheral terminations of the nerves and the constant state of excitement produced by chronic urinary or genital inflammatory processes, it would appear in many instances to produce sufficient skin irritation to cause acne, eczema, eyrthema, etc.

The same law, retrospectively would also hold good, that many forms of peripheral irritation, as eczema, ulcers or pruritic skin diseases would produce neurosis of the urinary and sexual apparatus.

This point is practically illustrated in children having pruritic skin eruption or ulcerating wounds who suffer always, more or less from cystospasmus.

I do not desire to suggest any stereotyped treatment because each case is a law unto itself.

With but few exceptions all neurotic symptoms are difficult of exact localization.

In most instances the organs most prominently affected, symptomatically, will upon investigation show no histological changes. It is only by careful physical examination and microscopical and chemical examinations of the urine and blood that we are able to form an exact or proximate diagnosis in a given case.

Though it is in this class of cases particularly that specific medication is ideal and gives the most rapid results.

It is also in these cases that little medication symptomatically indicated with the use of high grade drugs, like Lloyd's specific tinctures, or Park, Davis & Co.'s Fld. Ext., that the realization is forced upon us that medication is not a failure provided, however, that the diagnosis is correct and that the specifically indicated remedy or remedies are applied.

New York City.

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## VIBRO MASSAGE.

By Alfred W. Herzog, M. D.
New York.*

Read before the Eclectic Medical Society of the City and County of New York, October 17th, 1901.

If any excuse be needed for presenting a paper on the above subject, let it be this, that while the mechanical treatment of disease and with it massage and even Vibro-Massage, in a primitive form, is a great deal older than the teachings of Hippocrates, and while it has lately been very much used by massage institutes and kindred institutions, while even a special sect, if I may so denominate it, has established itself, whose cures, tho they may give their method of treatment a different name and ascribe their cures to their special knowledge of some secret laws of nature, still are due to nothing else but to the plain mechanical treatment and, be it admitted, to massage more carefully executed than the average masseur is capable of or inclined to use; still, the majority of physicians have up to the present time neglected to pay any special attention to Mechanotherapeutics and Massage, or have at least not given these subjects as much attention as they deserved.

It must be admitted and I think will be admitted without much argument, that even those physicians who have once in a while come to the conclusion that mechano-therapeutics and Massage will benefit a patient, have prescribed such treatment, as exercise, gymnastics or massage in a vague way, permitting the treatment to pass out of their hands into those of

some massage operator who may or may not be possessed of the requisite knowledge and ability and, I must add, the necessary conscienciousness to give the treatment in the best possible way.

In fact, it might be added here, that in this way massage has suffered a great deal by this, that immoral persons of both sexes have taken up massage either as a means to gain their living or as a blind to cover up either their vices or to gratify their passions, or yet to plv a calling which has not been considered as sacred since the time of Phtallic worship.

But even the masseur whose character is all that can be desired and who has sufficient knowledge to give massage properly, will be unable to give the proper treatment as far as quality and quantity is concerned to a consecutive number of patients, as manual massage is very exhausting to the operator, if properly applied.

It would here be carrying water to the sea were I to enter into a lengthy discussion of the benefits of massage, in well selected cases, if properly applied.

Massage and Mechano-therapeutics are as old as the hills, and those who interest themselves in this subject, whether it be in the history of Massage and Mechano-Therapeutics or in the study of the art and science of the same, can find ample literature on the subject.

If I am righhtly informed, the Chinese book Chong-Fu, which was written about two thousand and seven hundred years before Christ, is one of the first works which gives instruction in Mechano-Therapeutics; tho perhaps the Susruta, written in India, antedates the Chong-Fu.

From that time on up to this date a great many works on Massage and Mechano-Therapeutics have been written, and the student will find no dearth of books if looking for information.

So, while a great deal has been taught and written about Massage, and while the different movements have been minutely described, still the human hand has generally been the only means of applying Massage, with a few exceptions, as, for example, the Greek method of wrapping one end of a saw in cotton and applying it to the part which was intended to be treated, while on the uncovered part of the saw a piece of wood was sawed, in this way transferring the vibration of the saw to the part to be treated.

Perhaps in this connection we might also mention the use of the scourge in cases of impotence.

While, therefore, we of the twentieth century cannot very well claim that we have either discovered Massage or brought it to any greater degree of perfection than might be expected in the usual course of development; while, in fact, it is very doubtful whether Massage and Mechano-Therapeutics in their manual applications had not reached a greater degree of perfection thousands of years ago than is known to us at present, still we can claim that it has remained for this generation to nearly emancipate Massage from the hands of a perhaps clumsy or tired masseur and to make it possible for massage applications to be applied as exactly and as scientifically as we are now able to apply electricity by means of delicately constructed measuring devices.

I have drawn your attention before to the fact that there are several objections to manual massage as commonly applied.

These are principally the fact that the operator easily tires, that some operators have not the necessary knowledge and others not the necessary fineness of touch that is to be wished for in a massage operator.

To overcome these objections a great many different devices have been constructed during the last fifteen or twenty years.

The first of these instruments, if we

exclude the before mentioned saws and scourges, came on the market in the shape of massage rollers and muscle beaters.

Both classes of instruments were a great aid to manual massage, as they could be applied in a great many different ways by changing the shape of the instruments—and while not all movements of massage could be replaced by muscle beaters or massage rollers, still they were a great aid to the massage operator.

Yet there was something more to be desired, for all the muscle beaters and massage rollers were used by the hand, and while by their use the massage operator did not tire as quickly as if he only used the hand, and also could use the instrument stronger than he could use the hand, still these instruments did not overcome entirely the objections to the exclusive use of manual massage, for even while using a muscle beater or massage roller the operator might tire and was unable to regulate the action of the appliance to a nicety. So it was desirable to emancipate the instrument from the human hand as direct motive power.

Instruments were devised to be run by gas engines or electric motors, and power was transmitted by means of belts.

In this way a great many massage machines have been devised which, however, can all be divided into two classes.

The one in which the whole body is more or less shaken or vibrated, the other in which the massage is applied only to some part of the human body.

Both classes of instruments have at present reached a great degree of perfection.

Of the first class there are I think the Zander instruments which are the most prominent, while of the latter class, that is of instruments by means of which you can apply massage to a small area of the human body there are four which seem to me to vie with each other for the palm of merit.

These four instruments are the Vibratile, the instrument according to the system of Dr. Mushik, the Tremolo and lastly the Vibration Apparatus according to the System Bihlmaier.

Of all these there is no doubt that the crown belongs to the System Bihlmaier, as this instrument is constructed in such a way that the massage or vibration can not only be applied in a varying speed at the will of the operator, but also with a varying force and to a large as well as to the smallest surface.

I at present use an instrument of this kind, having discarded all others which I have used from time to time as obsolete or too likely to get out of order.

The Bihlmaier apparatus consists of a hand piece which, by means of a cable is connected to an electric motor.

The cable revolving, moves by means of an eccentric a hammer in the handpiece.

Ten different vibratodes, if I may coin the word, are furnished with the instrument, which are larger or smaller, as they are designed for the abdomen, chest, etc. Some are curved to fit the thorax or neck, some hard, while others are leather covered and cushioned.

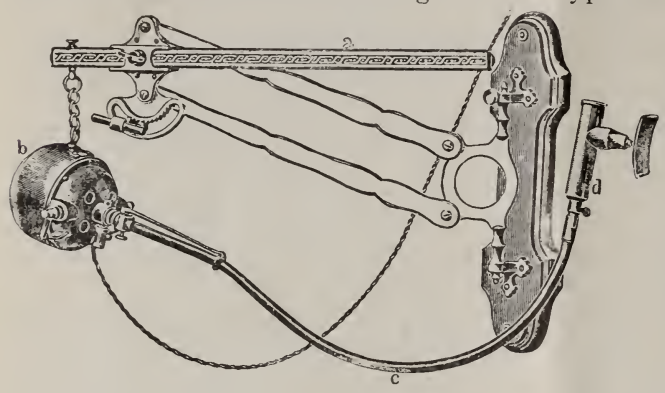
There are also three vibratodes in the shape of probes, of which one is designed for cervical massage, another for ear and another for nasal massage.

On the handpiece there is a sliding adjustment by means of which the height of the stroke of the hammer can be regulated from zero to one centimeter.

The speed of the stroke can easily be regulated by means of a rheostat.

In this way massage can be given in an accurate and scientific manner, which is impossible by means of any other instrument devised up to the present time; for no other instrument known to me has the regulating device, nor is it possible to attach the different endpieces, or as I call

them vibratodes, thereon, so that nasal or ear massage is absolutelv impossible with any other instrument of the kind, which has not specially been constructed for the purpose, while again it is very easy to attach to the instrument according to the




system Bihlmaier any shape vibratode desired .

This instrumental massage or Vibromassage has a great many distinct advantages over manual massage, tho in some cases manual massage will always remain a valuable adjunct to instrumental massage.

These advantages are the following:

The electric motor never tires and can therefor be used without cessation.

The stroke of the hammer as also the speed can be regulated and it is impossible for the instrument to suffer from an occupation neurosis which might prevent it from working at the proper time.

The instrument can beoperated in various ways, as for example from the electric street current, (the 110 volt incandescent current being used by me), or by means of a storage battery or a dental engine.

The apparatus is neither clumsy nor unsightly and takes up very little space.

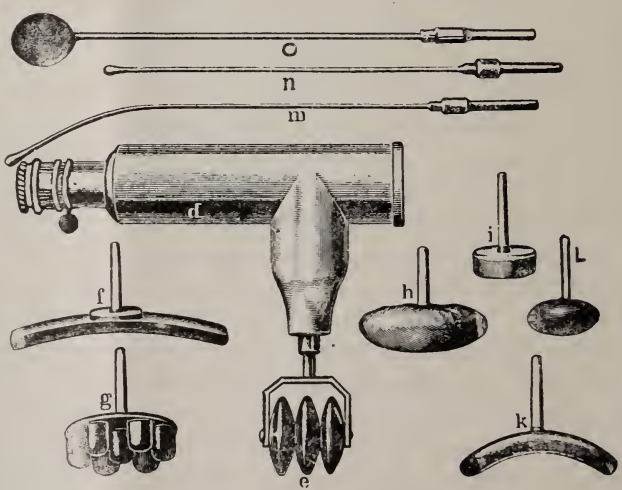
The motor can be suspended from a wall bracket, as in the accompanying illustration or may be suspended from a stand or yet from a hook in the ceiling.

It may be stated in general that Vibro-Massage is likely to be of benefit in all cases in which it is desirable to cause a hyperaemia in soft tissues and muscles, to increase the circulation and in this way to aid the elimination of products, whose retention causes disturbances of function or sensation.

Furthermore to strengthen the muscular fibres and to cause by means of concussion molecular changes in the muscular and nerve fibres.

Also to cause absorption of exudations, transudations and infiltrations and to loosen adhesions in the sheaths of tendons and in joints without the use of the knife.

Also by means of passive exercises of the muscles to cause a stronger oxidation of the blood within the muscles, thereby curing anomalies in the preparation of the blood.




By passively exercising the muscles it is also possible to cause blood to leave hyperæmic organs, as for example the brain, lungs, intestines, kidneys or uterus.

It is also possible to directly excite sypathetic nerves and ganglia and in this way to cure disturbances of function.

The list of diseases that may therefor be greatly benefitted by Vibro-Massage will be increasing from day to day.

The head of the list belongs undoubtedly to all varieties of neuralgias, sciatica, lumbago, muscular rheumatism, trigeminal neuralgia, then follow anæsthesias and hyperæsthesia, paralyses, sprains, synovitis, tendo-vaginitis and enlargements of glands.

Mastitis, enlarged tonsils, chronic metritis and also diabetes mellitus have been treated in this way and favorable results reported.

That hysteria, hypochondriasis and neurasthenia can be treated that way and that some marvelous cures follow is not to be wondered at.

Torpidity of the liver, atonic dyspepsia and constipation can all be easily and speedly cured by this means and it is easily to be seen that hæmorrhoids can, if not directly at least indirectly be cured thereby. It is also a supreme remedy for obesity.

The treatments may be given as often as necessary, which will vary according to the effect to be produced from once every other day to two or even three treatments a day.

The length of treatment also varies according to the organ or part or parts to be treated from thirty seconds to fifteen or twenty minutes.

154 East Thirtieth Street.

*The Bihlmaier Aparatus can be procured in the United States from G. Blumenthal, 443 East 88th Street, New York City.

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Dr. Howes is anxious to answer your conundrums. The Query Department is in his charge and all questions sent will be fully answered in the January "Review." Address

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DEPARTMENT OF

# SPECIFIC THERAPEUTICS.

Edited by
JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

## PNEUMONIA.

The diagnosis of pneumonia is not usually a work of great difficulty. Although the symptoms of this abnormality are well known to physicians, it may not prove entirely profitless, as cold weather approaches, to call to mind a few of its prominent features. Several kinds of pneumonia are recognized, the most common of which being lobular, or catarrhal, and lobar, or croupous. Catarrhal pneumonia may affect either or both lungs. The wrong may be deep within the lung, and thus constitute what is sometimes spoken of as central pneumonia, or the trouble may be so situated as to be readily distinguished by the dull percussion note and by the rales found on an auscultation. The cough is nearly always troublesome and there is usually a rusty or brick-dust sputa, but this symptom is not always present. The respiration is frequently from thirty to fifty per minute, depending largely upon the extent of the lung tissue involved, and the temperature frequently ranges from 102 to 105. Several consolidated spots may form in the lung and finally unite, thus involving the entire lobe of a lung. The subjective and objective symptoms of croupous pneumonia are not markedly dissimilar to those of catarrhal pneumonia. Possibly physicians are numerous to whom the distinguishing features are very simple and plain, but the most careful examination has not always resulted in a differential diagnosis entirely free from doubt.

No routine treatment for pneumonia can be suggested, for cases of pneumonia

are frequently as dissimilar as are the patients afflicted It has been claimed by some authors that Veratrum Viride is a specific for pneumonia. This, however, cannot be true. There can be no specific for pneumonia or any other combination of pathological conditions. I recently treated two cases of pneumonia at the same time. One, a robust young man, with a full, bounding pulse, did well on Veratrum as the leading medicament. The other, a delicate girl, with a feeble heart recovered on Cactus, Feri Phos. and Kali Mur., the only remedies employed. Would this delicate girl have recovered on Veratrum? I don't know; and I never shall know whether such a patient could recover from an exhausting disease under the influence of Veratrum. In my opinion the Decalogue is dead against an experiment along that line. Veratrum may be, and under some circumstances certainly is, a most excellent heart tonic, but the full, frequent and bounding pulse is an indication for its exhibition which is safe and has well answered my purpose for many years. External applications when properly applied aid much in a curative direction, and the compound powder of lobelia constitutes an ideal substance for the chest covering. A piece of woolen flannel should be so shaped as to fit the chest over the diseased lung and have tapes attached to its upper corners It should be thickly covered with lard and as much of the powder spread over it as can be made to adhere to it. The flannel should then be applied and kept in place by fastening the tapes around the neck. This application should be renewed daily. In case the lobelia powder cannot be obtained, two tespoonfuls of turpentine may be mixed with two tablespoonfuls of vaseline, and applied in the same manner.

The compound powder of lobelia is made by thoroughly mixing the following: Lobelia *seed*, in powder, six drachms; Blood root and Skunk Cabbage, in powder, each, three drachms; Ipecac, in powder, four drachms; Capsicum, in powder, one-half drachm.

As cases of pneumonia and patients differ so must our treatment differ. This fact being recognized, it may be well at this time to call to mind the most direct indications for a few of the remedial agents most likely to meet the various needs of our patients. When the pulse is small and frequent Aconite is the indicated sedative. If there is a dull, heavy, aching pain in the head, the pupils dilated, the capillary circulation impaired, and the patient seems dull and drowsey, Belladonna should be added to the treatment. When there is a tensive, tearing or sharp lancinating pain, a hacking cough, restricted respiratory movement, pleuritic pains or swelling of the joints, Bryonia should never be neglected. A case of pneumonia is seldom seen in which Bryonia is not sooner or later needed. If the pulse is feeble or irregular, or if there is præcordial oppression, spasmodic cough or nervousness, Cactus should be administered throughout the illness. When there is great prostration with cold feet and hands, and a feeble pulse Camphor will exert an influence of a sustaining nature. If the eyes become unnaturally bright, the face flushed and the pupils contracted Gelseinium is the remedy demanded. Ipecac will act efficiently when the respiration is oppressed, the expectoration diminished, and there are mucous rales. When there is a sharp and quick pulse, or burning pain in the chest, or a frontal headache which is most severe on the left side, Rhus will afford the patient much relief. Sanguinaria is a remedy of decided merit when there is an irritating cough, a sense or rawness and constriction in the throat, or a frothy muco-purulent expectoration. Cough, with pain in the back and shoulders, extending to the occiput, is modified

by the timely employment of Sticta. When there is difficult breathing, with wheezing, hollow and barking cough, striderlous breathing, or subcrepitant rales, Tartar Emetic, in very minute doses, is a remedy of great usefulness.

## PNEUMONIA OF THE AGED.

In a very able article on pneumonia in the aged, Prof. Lemoine speaks of the differential characteristics as follows:

"As in the adult the onset may be marked by shivering; dyspnœa may occur, but as a rule it is not intense; the pulse does not exceed 90 to 100: expectoration, generally slight in amount, is ordinarily composed of greenish masses; the cough is not very frequent; the temperature follows a similar curve to that in the adult, but is a degree or more lower. The summit of the lung is more often affected than the base. Stethoscopic examination may give the same signs as in the adult, but in other cases absolutely nothing is heard and the diagnosis must depend upon the general symptoms Between these two extremes we may get all varieties, but as a rule crepitation is absent and subcrepitant rales are most commonly heard. The indications on which treatment must be based are to diminish the afflux of blood, to calm the respiration, to sustain the heart and the general strength. In addition, the elimination of toxins must be aided and the expectoration must be facilitated. Hyperpyrexia is unlikely to occur. Strychnine and nux vomica are most valuable aids to expectoration because of their effect on the muscular tissue, which is deficient in power in these patients."

It is in such cases as the foregoing that I have found the triturated salts very useful. They may be equally efficient in the treatment of the robust adult, but my experience with them has been mainly in the treatment of the aged, the feeble and children. I was recently called to see a man seventy-five years of age, and on examination found that he was suffering from pneumonia. The cough was hard and spasmodic in character, the chest felt sore and bruised, there was a considerable dyspnœa, rattling of mucus in the chest and extreme hoarseness calling for Ferrum Phos. The expectoration was viscid and white in color, there was wheezing rales, and tenacious mucus in the bronchi which it was difficult to cough up, indicating that Kali Mur. was the remedy needed. In a few days there was a thick, yellowish-green pus-like expectoration, suggesting that Natrum Sulph. should be added to the treatment. These three remedies constituted the entire medical treatment of the case. The prescriptions were as fallows: ℞ Ferrum Phos., 3x, gr. xx, water, ℥iv. M. Sig. Dose one teaspoonful every hour. ℞ Kali Mur., 3x, gr. xx, water, ℥iv. M. Sig. Dose one teaspoonful every hour. Later twenty grains of Natrum Sulph. was added to the Kali Mur. prescription. The patient made a complete recovery.

## DIGITALIS.

Dr. H. A. Hare says that "in many cases of palpitation such as comes from overwork, Digitalis simply aggravates the symptoms, for what the patients need is not cardiac stimulation but rest. Small doses of aconite or veratrum will effect the desired result more quickly and efficiently than digitalis. A patient with a feeble heart receives digitalis, it may be, to overcome feebleness, when in reality, the cause of the feebleness lies in a degenerated heart muscle which is incapable of gaining any advantage from this drug, and the drug by contracting the blood vessels actually increases the labor of the heart. Under these circumstances, if any drug is used it should be one, like stro-

phanthus or cactus, the action of which is cardiac, and but slightly if at all vascular. Not only is rest needed for the tired but otherwise healthy heart, but it is even more needful in cases in which there is cardiac breakdown, actual or threatened in cases already suffering from grave valvular lesions. The cardiac stimulants are sometimes expected to perform miracles, although the patient pursues the same mode of life as before. This is in reality an abuse of a drug, since it is being used to do something which is practically impossible."

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## LYCOPODIUM CLAVATUM.

In an interesting article on Lycopodium in the *Eclectic Medical Journal*, Dr. W. F. Curryer, in substance, says: The leading uses for Lycopodium are found in affections of the digestive, urinary and respiratory mucous membranes. It is also of value in diseases of the skin, especially when accompanied by a sallow complexion, impaired digestion, flatulency and constipation. In all conditions presenting the uric acid diathesis it is a useful remedial agent. Children with large heads and attenuated bodies, and children who are sallow, impoverished, or have an old appearance and are irritable in disposition, should be given Lycopodium. In flatulency, especially when there is distension of the lower part of the abdomen, it is one of our most important remedies. In constipation, with painful spasm of the anal sphincter, it will do much good, and the atrophic variety of liver affections is much benefited by its exhibition. In renal ailments, manifested by brick-dust sediment, and renal colic with great pain, it is promptly and permanently curative. The failure of memory in the aged, causing the use of wrong words in speaking and writing, is frequently made less troublesome by this medicament. In skin diseases of the suppurative variety it is also an efficient remedy. The dose, the doctor says, should be very small. I usually add from five to ten drops of the specific medicine to four ounces of water and direct one teaspoonful of the dilution to be administered every hour.

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We should all remember that some statements, when once made, are not easily recalled, and that the results of an autopsy are past all arguments for reconciling prognostications with facts, as was recently demonstrated in the case of our late President. His attendants did their duty, as they saw it, by their illustrous patient, but they erred in saying and promising too much. Probably the physicians who have never had reason to regret that they have been too direct and too positive in the expression of an opinion are not very numerous. The physician should learn to be astonished at nothing and on the outlook for the unexpected.

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No medicine should be given *unless* the pathological condition and the indications for its use be clearly defined.—*Dr. John M. Scudder.*

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Persons suffering from malodorous—stinking—feet are promptly relieved by a powder consisting of one ounce of powdered alum and two drachms of powdered orris. Once a day the feet should be washed in hot water, well dried, and a little of the powder dusted into each sock.

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*The International Annual* for 1901 is replete with suggestions along lines of the deepest interest to specific therapeutists, and the price—$3.00—is extremely low. E. B. Treat & Co., 241 West 23d. St., New York, are the publishers.

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The "cough" season approaches. Do you give every case the same cough mix-

ture? Or do you calm the sympathetic and neglect and obscure the cause by giving codeine or opium salts or compounds? Try that better way. Think of the cause and remove it. True, a majority of the cases to be seen upon the approach of cold weather, are of bronchial origin. But, if they are, no two are alike and no one remedy will meet them all. Examine them carefully and prescribe the indicated remedy and see how direct the result, and how pleasant the medication. In reading up your remedies do not overlook specific bryonia, lobelia, acetous emetic (in some acid demanding cases) specific sanguinaria, nux vomica, ipecac, rhus tox., hyoscyamus, sticta, pulsatilla, trifolium, belladonna, prunis, spikenard, hepatica, phytolacca, etc. In fact each and every remedy may be a "cough" remedy. Study each case.

Besides; do not fail to pick out your "reflex" cough cases. Remember a cough may be due to ear trouble, to nose, throat, lung, stomach, liver, bowel, spleenic or rectal wrongs. Right them by proper medical or surgical interference and you reach the cause—and the effect—the cough is cured. Think this over.—*Dr. W. E. Bloyer.*

## SOLANUM DULCAMARA.

*Common Name.*—Bittersweet.

*Natural Order.*—Solanaceæ.

*Part Used.*—The root.

*Description.*—This is a woody vine, having a woody root. It has a shrubby branching stem several feet in length. The leaves are alternate and generally smooth. Its flowers are on branching peduncles from the side of the stem, drooping, in spreading clusters, and purple in color. The fruit is a scarlet, oval, bitter and poisonous berry.

*Doses.*—Fluid extract, 30 to 60 drops; specific medicine, 5 to 60 drops.

*Usual Prescription.*—℞ Dulcamara, gtt. xx to ʒi, water, ʒiv. M. Sig. Dose one teaspoonful every two to four hours.

*Indications.*—Suppression of secretions, caused by exposure to cold; bronchial and nasal catarrh; acute bronchitis; cold and purplish extremities; feeble circulation; fullness of tissues; scaly condition of the skin; pustular eczemas; abnormal states; of the skin caused by scrofula and syphilis; irritation of the nervous system accompanied by great depression; suppression of the menses, with headache and nausea; acute ovarian congestion; catarrh of the bladder; great excitement of the veneral functions.

Dulcamara is an efficient remedy in scrofula syphilis and all diseases characterized by an impairment of the blood. In rheumatism resulting from long continued exposure to cold and dampness it is also a remedial agent which should not be neglected.

Solanum Dulcamara is altertive, diuretic, diaphoretic, discutient and narcotic. In very large doses it causes vomiting and severe prostration.—*Fyfe's Materia Medica and Therapeutics.*

## TEXAS ECLECTIC MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Texas Eclectic Medical Association, which convened in K. P. Hall, Houston, Texas, on Oct. 8th, was one of the most successful in the history of the association. The attendance was large and many very interesting papers were presented and discussed. Beside the members of the association, Drs. F. T. Duval, of Atlanta, Ga.; F. Ellingwood, Chicago, Ill.; L. E. Russell, of Cincinnati, O., and Prof. John Uri Lloyd were present. The following officers were elected:

President, P. A. Spain, Paris; First Vice-President, E. L. Fox, Houston; Second Vice-President D. W. Holmes, Belleview; Secretary, C. D. Hudson, Waco; Treasurer, M. E. Daniel, Honey Grove;

Corresponding Secretaries, K. R. Cutler, Corpus Christi; N. E. Bridge, Gober; Jason Tyson, Santa Anna. Delegates to the National: E. L. Fox, W. L. Stern, P. A. Spain, W. Tucker, D. B. Tucker, G. A. Taylor, J. P. Rice, J. B. Moore, J. J. L. Ball, O. R. Taylor, K. R. Cutler, J. M. Wright, Jason Tyson, R. F. DeWitt, W. E. Bridge and M. B. Morey. The next meeting will be held at San Antonio, Tex.

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## MEETING OF THE BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY FOR OCTOBER, 1901, REPORTED BY PITTS EDWIN HOWES, M. D.

After the preliminary business the subject for the evening—*Neurasthenia*—was introduced by Dr. Howes, who spoke as follows

### NEURASTHENIA.

In the nervous system of organic or vegetative life, we include the pneumogastric, or vagus nerves, and the great sympathetic system, which in turn includes the vaso-motor system. We call the sympathetic system *ganglionic* because it is an aggregation of ganglia whose function seems to be to elborate and give off nervous force. In structure and function, it seems essentially different from the cerebro-spinal. The primordial cell is itself a nervous mass. Ackerman insisted that the ganglionic nervous system is the first to be formed before birth, and is, therefore, to be considered as the germ of everything that is afterward developed.

The ganglionic tissue is found with every gland and blood-vessel, and constitutes a great part of the volume and weight of the whole body. Internal organs are more copiously supplied than external ones, and therefore, relatively, the female body has the larger endowment.

The great sympathetic sends branches to all the spinal and cranial nerves and to the coats of all the arteries, while there are numerous plexuses made up of nerve-cords from different sympathetic ganglia and of filament from certain of the spinal nerves.

It is not strange therefore, considering these complex relations, that knowledge of the diseases of the organic nervous system should be extremely defective. It is not easy to recognize deviations from normal function when the normal functions themselves are not well known. I think it is now agreed that the cerebro-spinal system performs the several functions of feeling, thinking and willing, while the ganglionic system performs the vital functions of secretion, nutrition, respiration, absorption and calorification. If ganglionic innervation is disturbed or diminished, the blood does not move with its usual celerity; this retards the blood-making processes; innutrition follows and lack of animal heat, phantasmagoria and the horrors of insomia. The blood is devitalized and poisoned by the retention of its own debris, and produces a condition of idiopathic passive congestion.

A whole category of human ills is referable to this one cause of *nerve-Insufficiency*, —lack of force in nervous system. Not a day passes that some phase of it is not presented for treatment. The forms of neurosis are so protean and have so many symptoms in common with other disorders that the practitioner has need of wondrous skill in difterential diagnosis.

The mild gangliasthenia is most frequently the prodromic stage of some disease; for, the cause becoming intensified, will develop into some intense form. More often the mild stage passes into the chronic.

As to the causes for the condition called *neurasthenic*, it seems like uttering a truism to say that nerve-exhaustion is

produced by over-work of the nervous system, crowding it beyond its easy capacity. This argues that many must be born with a weak nervous system, or, in other words, with the "neurotic habit." Over-work comes through the avenue of the cerebro-spinal system and more particularly, the emotions. Fear, grief, and anger, paralyze the sympathetic system for the time being, while the mixed emotional state which we call *worry* exerts a continuous depressing action upon physiological centres. Insanity itself is often not cerebral, but aggravated neurasthenia with pronounced disturbance in the functions of nutrition, secretion and absorption. I have cured many cases of insanity by treating the insanity as a disease of debility.

I may as well say here that, because we can affect the vital centres through the mind, it is good practice for the physician to get control of the emotions of his patient and induce healthful or hygienic mentality in him. You may call it personal magnetism or hypnotic power if you like. It certainly is the healing power in "Christian Science," faith cure, and the like. In Macbeth we read:

> "She is troubled with thick coming fancies
> That keep her from her rest."
> "Cure her of that! Can'st thou not minister
> to a mind diseased;
> Pluck from the memory a rooted sorrow;
> Raze out the written troubles of the brain;
> And, with some sweet oblivious antidote,
> Cleanse the stuffed bosom of that perilous stuff
> Which weighs upon the breast?"—MACBETH

Over-stimulation of nerve tissue may come not alone from mental influence; tea and tobacco are dual devils in the work of destroying nerves. I have had cases of nervous prostration in women from the excessive use of tea; I continually meet with cases among men who are nervous wrecks from the use of tobacco, and who are transmitting the neurotic habit to their posterity.

There are, also, personal practices which are obviously the cause of nerve-exhaustion, which I do not need to name to you. So I believe we cannot successfully treat these asthenic conditions without breaking up bad habits, stopping the drains upon the nervous system from whatever source. Then, with curative measures, we may build up the worn-out centres. Many complain, as did a certain man to his doctor,—"Now, doctor, I am nervous; my legs ache, my arms ache, my back aches, my head aches, and I ache a little myself."

The victims of dissipation will come with their stories of impairment of nervous force, of weakness or irregular action of muscles, loss of appetite, depressed emotions, etc. You will hear tales of misery from over-burdened, worn-out women, of muscular debility and weariness, of headache and sleeplessness, of despondency and irritable temper.

The treatment I can best give by some illustrative cases. I believe that each individual case must be treated with such remedies as may be indicated, although some will tell you that a little pulsatilla will quiet the patient, or a little rhus tox., or a bit of gelsemium will do wonders.

In general, to relieve vaso-motor tension and constriction of the terminal arterioles, and so lessen over-distention of the right heart, the remedy for immediate use is nitro-glycerine or glonoin; for it happens that almost all extreme cases of the neurasthenic type exhibit symptoms of a spasmodic nature, or hysterical character. For intelligent administration we need to understand the physiological action of this remedy, as well as of the other nitrites. I believe glonoin to be indicated in these neurasthenic conditions, in angina pectoris, in hysteria and hystero-epilepsy, because of its anti-spasmodic influence over the vaso-motor nerves; yet, because it thereby tends to

lower the arterial tension through paralyzing the inhibitory nerve-centers, it cannot be considered a powerful heart-stimulant, and is contra-indicated in all cases of genuine intrinsic cardiac failure.

Then, for steady treatment, we must have recourse to nervines and nerve-tonics, such as the comp. phos. and nux pill, or phosphide of zinc, or the valerianates.

Valerianate of quinine, valerianate of zinc and valerianate of iron make an excellent combination (one grain each), which I have used a great deal; also, when there is a tendency to hysteria, or it is present, cypripedium is excellent.

For example: A lady was laboring under nervous exhaustion, verging upon hysteria, brought on by brooding over the reverses of her husband in business. After being under treatment of the infinitesimal stamp for several weeks, she was speedily relieved by the cypripedium. There is another combination which I employ largely, and with which I have cured cases bordering on insanity. One case in particular of long standing: Experts in insanity had prescribed without avail; had been given up by numerous physicians as incurable, with a "probable" intra-cranial tumor; was permanently cured by this prescription, and is to-day the picture of blooming health. It has no equal to my knowledge. This is the nervine par excellence, viz.:

℞

Fl. ext. celery seed.

Fl. ext. erythoxylon coca.

Fl. ext. kola nut.

Equal parts. Mix.

Sig. Drachm-doses three times per day.

The above extract has been taken from a paper published in the Transactions of the National Eclectic Medical Association for the year 1900 and written by George Covert, M. D., of Clinton, Wis.

I have brought it before you because I wish to endorse and confirm what he has said concerning this exceedingly frequent condition and his method of restoring the nervous system so as to enable it to perform its normal functions in a healthy manner. The combination of coca, kola and celery seed I have used many times in the past year and the results obtained have been highly satisfactory to my patients as well as myself.

When I first commenced to use the drugs I combined the fluid extracts in the proper proportions but the dirty disagreeable percipitate rendered the dose extremely unpleasant.

Latterly I have been using an elegant preparation prepared by B. O. & G. C. Wilson called by them Kola Compound Elixir. I have obtained just as good results and the disagreeableness of the medicine has been removed.

I would most heartily recommend you to try it in your neurasthenia cases. Dr. Perrins said that he was much interested in the paper, and extended his thanks to the Secretary for bringing the combination mentioned to his notice. He should most certainly investigate it for himself, and he doubted not that it would prove beneficial to some of his patients.

Dr. Allen agreed with many things said in the paper but he felt sure that passaflora would prove of more benefit in those neurasthenic cases than the coca and kola.

He was of the opinion that the main benefit of the combination was derived from the celery it contained; the coca and kola acting as a stimulant simply for the time, and not producing any lasting effect.

Dr. Geddes felt it was impossible to treat all cases alike. It was necessary that we should get at the prime cause and remove that by whatever means was necessary. The trouble in a great many of these cases was that they were not born right. They inherited a neurasthenic diathesis, and consequently, it was al-

most impossible to relieve the condition entirely. He felt that in many cases something was needed besides drugs. The patients must be cheered up and made to believe that they were improving.

Dr. Miles spoke at great length concerning the etiology and pathology of neurasthenia, and in regard to the medication mentioned the rest treatment which was being advocated, very strongly, by many prominent men of the day. He also spoke of the good results to be derived from the proper use of massage and electricity.

Dr. Allen corroborated what Dr. Miles had said concerning electricity. He introduced Mr. Bowers—a graduate in pharmacy—who spoke of the large amount of phosphorous which was present in the celery. It was his opinion that the benefit spoken of in the essay was derived from the phosphorous, which was broken up and put in a condition to be absorbed by diseased nerve cells and centers.

Dr. Howes said he had not spoken of the remedies mentioned as a "cure-all" but as an aid in those cases which seem to resist all ordinary forms of medication. He reported a case that had been under his care for many months which had resisted all medicines usually prescribed for such conditions; but which responded in a remarkable degree to this combination of coca, kola and celery. He also stated that the relief had been permanent.

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## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at its assembly rooms, No. 239 E. 14th St., on Thursday evening, Oct. 17th, Dr. James Hervey Bell, president in the chair, and Dr. Henry J. Doll, secretary, recording.

A communication received by the secretary from Dr. E. B. Foote, stating his regrets at being unable to attend the meetings of the Society on account of illness, was read. On motion an answer to Dr. Foote's letter was ordered sent by the secretary.

Applications for membership in the Society were received from Drs. Chas. W. Fitch, Jacob Glass, Winifred Heimbecker, John T. Sibley, Meyer Wolff, Wm. H. Wyatt-Hannath.

The board of censors immediately retired and passed on the eligibilty of the applicants. The names of the applicants were then read to the society by the chairman of the board of censors, and recommended for membership.

On motion the regular form of balloting was dispensed with, and the secretary ordered to cast one ballot for the candidates. On examination by the tellers, Drs. Heeve and Nilsson, under the supervision of the acting president pro tempore, Dr. Boskowitz, the ballot showed the candidates duly elected. Acting president Boskowitz then announced the election of the candidates to the assembled members of the Society.

The names of the newly elected members of the Society have been entered on the roll book by the secretary.

The essayists for the evening, Drs. Alfred W. Herzog and William J. Krausi, read their papers respectively in the order mentioned.

Dr. Herzog's paper, under the caption "Vibro-Massage," was more in the nature of a demonstrative lecture than a paper pure and simple, for during the progress of what he said many various kinds and makes of mechanical massage apparatus were shown.

This paper was discussed by Drs. Krausi and Gaedeke.

Dr. Krausi argued that perhaps the value of massage lay in the fact that a mental impression in the nature of sug-

gestion acted on the patient from the presence of intricate machinery in motion.

Dr. Gaedeke questioned whether massage administered by a mechanical contrivance produced as good results as that given directly by the hands of the operator, because, the doctor argued, there may be some connection between massage and the animal magnetism of the masseur.

A vote of thanks was tendered Dr. Herzog for his kindness in submitting his subject, and for the trouble he had to get and bring the apparatus before the Society.

Dr. Krausi read a paper entitled: "Neuroses in the Male and Female," in which he displayed a deep and familiar knowledge of anatomy both physiological and pathological. The paper brought out the methods in vogue for treating the several neuroses.

Dr. Heeve in his discussion mentioned the fact that with pleasure he noted Dr. Krausi's extended application of Specific Medication in his treatment of neurotic conditions.

Dr. Pearlstein advocated the advantage and use of orificial surgery in the treatment of many forms of neurosis. Among others he mentioned circumcision in the male and attention to the clitoris in the female; and illustrated the value of these proceedures by reciting several cases in point that had been cured by this philosophical method. A vote of thanks was extended Dr. Krausi for his admirable paper.

About twenty-five members responded to the roll. Henry J. Doll, M. D., Secretary.

## THE NEW YORK SPECIFIC MEDICATION CLUB.

The October meeting of the club was well attended and quite interesting. Dr. L. L. Jacobson presented a paper upon the use of Gelsemium in Obstetric practice, which was discussed at some length by Drs. Krausi, Bell, Birkenhauer, Thompson and Doll. About twenty members in attendance. H. J. Birkenhauer, Secretary.

## SELECTIONS.

When a child on being moved shows a tendency to cough, and appears to be sore and uneasy, it should receive bryonia.—Medical Summary.

Dr. Douty reports a case of a young woman who had taken eight grains of chloralose for sleeplessness. She became unconscious, respiration was almost inappreciable; she was cyanosed. She was in a cramped up position of emprosthotanos. Her pulse was 80, and fairly good. The heart seemed affected to a small extent. She gradually recovered under the administration of artificial respiration, alcohol and external heat.

## ORGANIC HEADACHE.

Dr. Douglas says: When called to see a patient who is suffering from a steady, violent pain in the head, so severe that at times he cries out on account of its severity, the presumption is that it is an organic headache. There are no headaches which will give such examples of overwhelming agony as some of these cases. The pulse, if irregular, is a valuable confirmation of the diagnosis. A steady, violent headache, therefore, is one of the most prominent signs of organic headache, and I know of no way in which to remove it except by the use of iodide of potassium.—Public Health Journal.

## BISMUTH AND HYDRASTIA.

Kempner, Tex., Oct 27th, 1901.

"Gentlemen:—

"The preparation of Bismuth and Hydrastia came in an opportune moment as

I had a Typhoid Fever patient—Mr. M. Winnard—who had been very low and nothing I used seemed to arrest the discharges from the bowels which were 6 or 8 in the day and 4 and 5 at night. I began giving 15 drops every three hours—and at the expiration of 16 hours they checked—pulse and temperature both being lower and the patient convalescing rapidly. I had used Mercury, Bismuth, and Sulpho Carbolate of Zinc together with Turpentine Emulsion, and Acetanilid for two weeks at short intervals.

With thanks to you, gentlemen, for the nice preparation, you are at liberty to use this as you may deem proper.

Yours very truly,
H. E. Wooton,
Kempner, Texas."

The Wm. S. Merrell Chemical Co.,
Cincinnati, O.

## ITEMS.

Do we bowl to-night?

This is a good month to subscribe for the "Review." Send your dollar.

Dr. Armin Nettle is now located at 164 E. 89th Street.

Prof. H. Schweitzer, after a visit to the Parke, Davis & Co.'s plant as Detroit remarked as follows:

We are glad to announce that Dr. Marion Ross Arvine has opened pleasant offices at 64 E. 90th Street.

The Cosmopolitan Hospital, the moving spirits being Drs. Oshlag, Herzog and Doll, was incorporated last month.

Drs. G. W. Thompson and W. J. Krausi after a much-needed vacation returned with vivid descriptions of the "Midway."

By addressing Dr. S. Witt of North Dana, Mass., you can learn of a fine opening for an enterprising Eclectic practitioner.

The Beachonian Dispensary was incorporated last month. Drs. S. R. Shultz and J. Bernstein are on the board of trustees.

The Georgia Eclectic Medical Journal is to be congraulated upon the addition of Dr. Florence Tippet Duval on its Editorial Staff.

Dr. R. A. Toms reached Buffalo in time to see the lights go out. The Fair had just closed, but the water was still running over the Falls.

The Beachonians have started their meetings and expect an interesting and profitable season. They would appreciate an occasional visit from the "Honorarys."

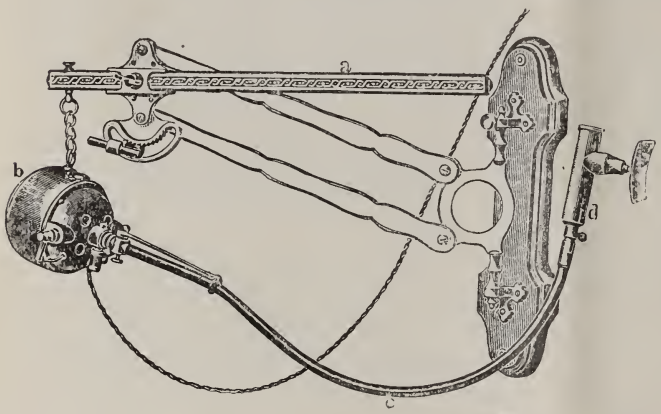
"Proceeding and Papers of the Kansas Eclectic Medical Association" contain many interesting articles, and we wish to thank Dr. E. B. Packer, of Osage City, for sending us a copy.

Dr. Lee H. Smith, of Buffalo, President of our State board, delivered a most interesting address to the senior class at the College. The doctor was in the city to attend the joint meeting of the boards of medical examiners.

"It is the greatest industry of the kind in the world. The biological department was astounding. The physical assay work on animals is worth to a student a walk of a thousand miles. The scientific atmosphere is an inspiration and the ingenious machinery a marvel." And we guess the professor knows what he is talking about.

# THE VIBRATOR

...System Bihlmaier...

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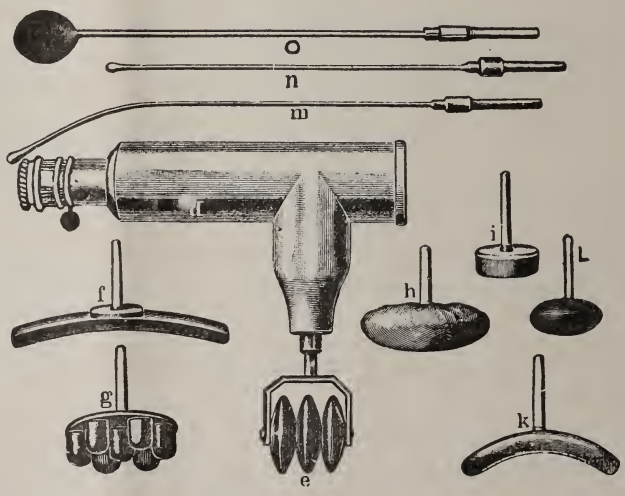


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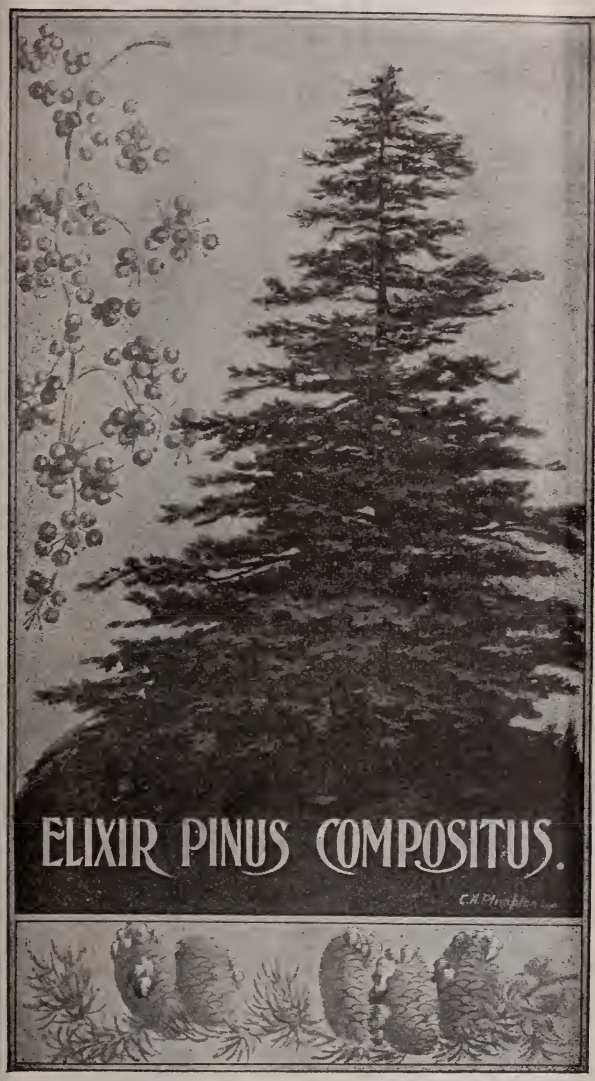
**Time** *to every purpose under the heaven."*

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EACH FLUID DRACHM CONTAINS:

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| White Pine, fresh bark, | 2½ grains |
| Balm Gilead Buds, | 2 " |
| Spikenard, | 2 " |
| Cherry Bark, | 1¾ " |
| **Ipecac,** | ¼ " |
| **Sanguinarine Nitrate,** | 1-64 " |
| Morphine Acetate, | 1-16 " |
| Ammonium Chloride, | ½ " |
| Chloroform, purified, | ½ min. |

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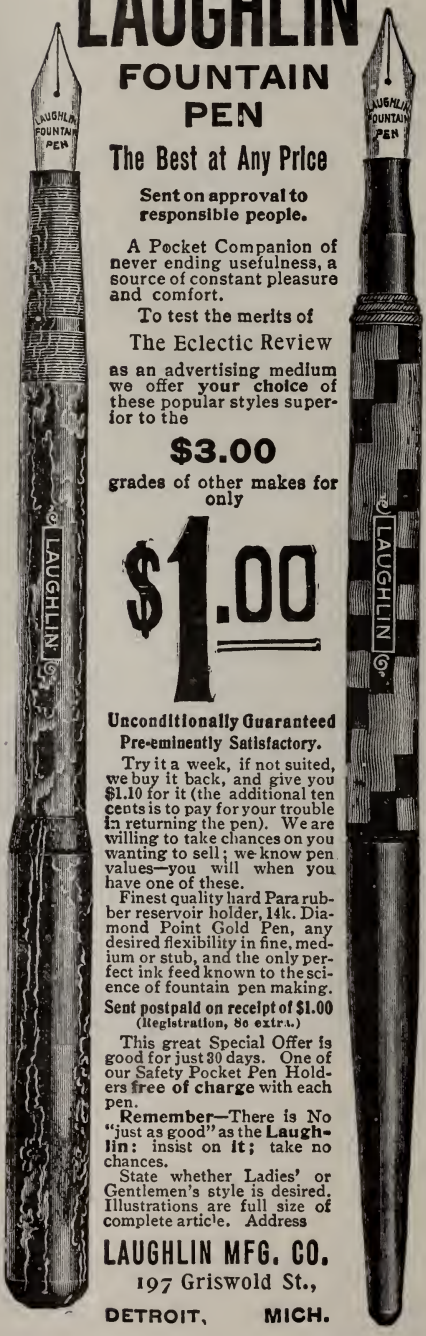


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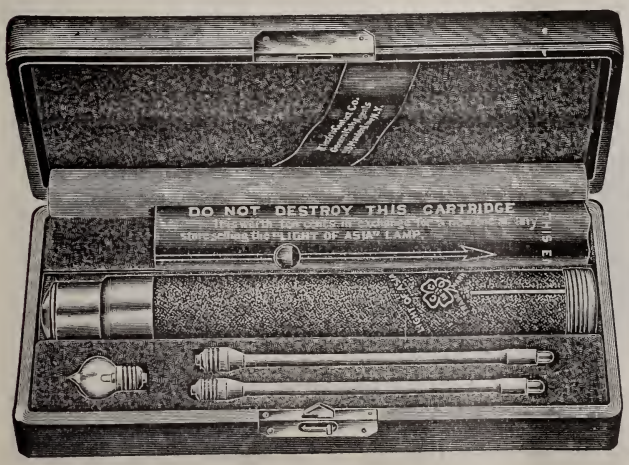


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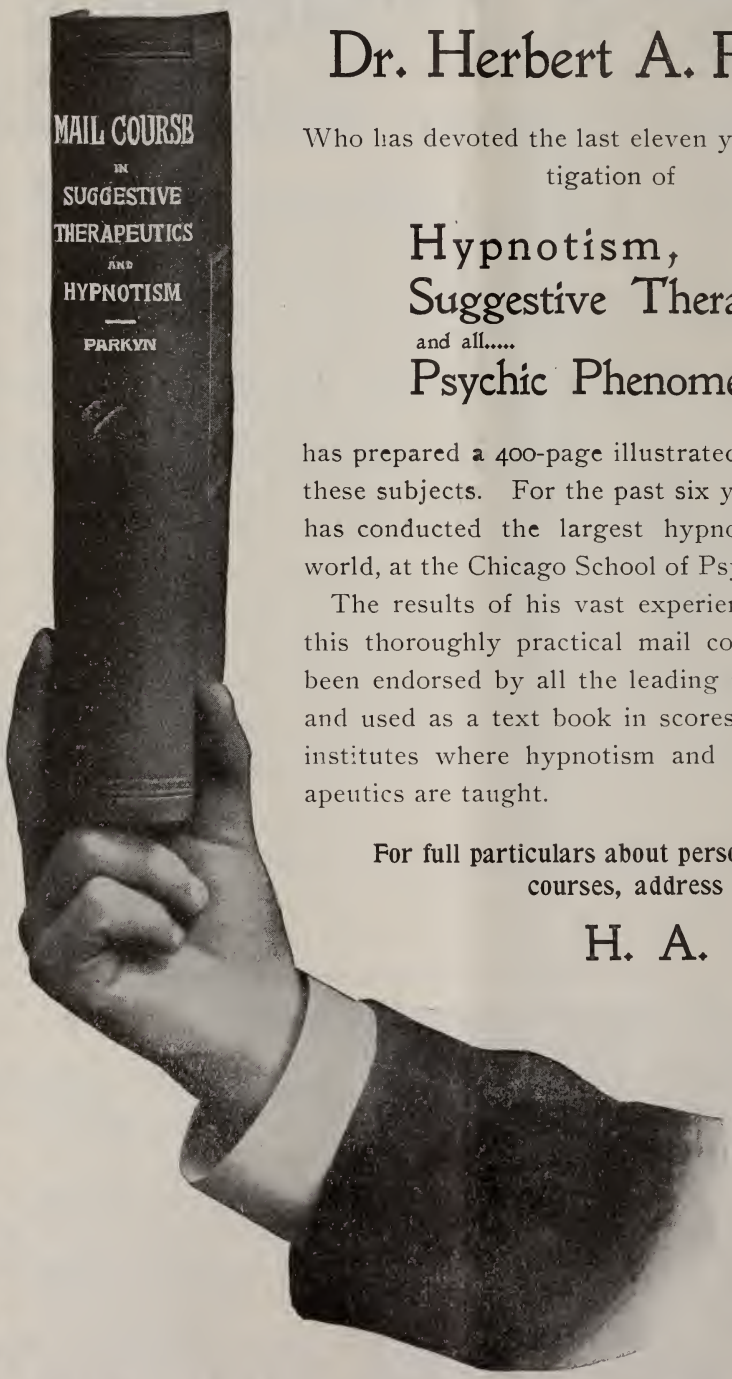


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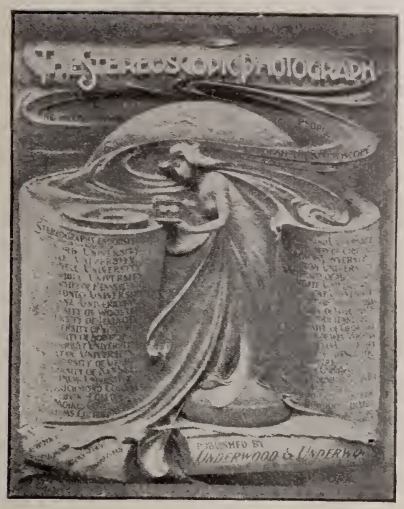


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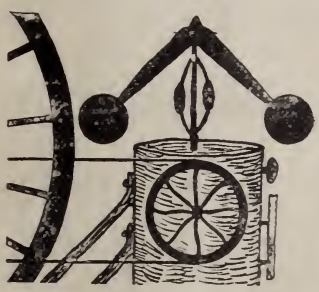

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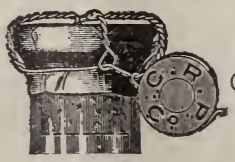

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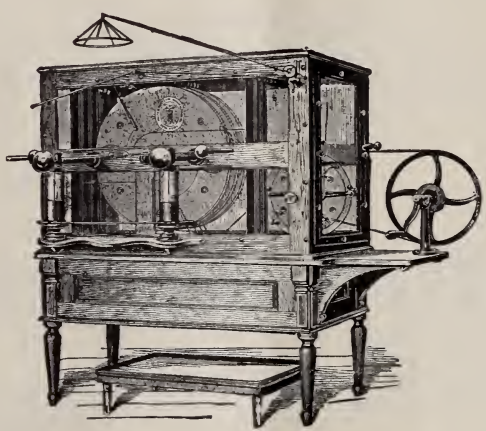

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VOL. IV. NEW YORK, DECEMBER 15, 1901. NO. 12

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## JAMES HERVEY BELL, M. D.

That certain friendly and brotherly grip, which was peculiarly his own, we shall not be privileged to receive again from Doctor Bell, who passed away on Tuesday afternoon, December 3d.

Recalling now the fullness of his life, the many circles in which he was active, the ever-widening sphere of his usefullness, the great amount of good he had done, the steady development of his abilities, the well-deserved fame which had won for him a national reputation among our people, it is difficult to realize that he had not completed his thirty-second year of life and even more difficult to see how any interest with which he was identified can possibly do without him.

In him indeed, the boy was father to the man, and the man fulfilled to the highest degree the splendid promise of his youth.

When but a reading student and learning the A B C of Eclectic Medicine, in the office of his preceptor, Dr. Boskowitz, Hervy was earnest, devoted, loyal, observant, helpful, and filled with that spirit which indicated that to him at least the office needed him as he needed it, and it was the same with him when matriculation placed him on the benches of the college. It is not surprising, therefore, that he was a leader among the students, the valedictorian of his class (1891) and foremost among those who at that time founded the Beachonian Society, the fraternal organization of the college students.

The same characteristics marked his later career serving, developing, and growing in every field of Eclectic work. In our several societies he was a constant attendant, active, thoughtful, an originator, and ever ready to serve. For five years secretary of the County Society, and this year its president. For successive years on the Legislative Committee of the State Society, advancing to prominence in the National Society, and in all assigned to many and various duties at every session.

When so young in years, and at a time so soon after his graduation, that we now see it was remarkable, though at the time it seemed but natural, Doctor Bell was called to the Faculty of the College, and became also its Registrar, continuing to serve it in both capacities until his death.

His fraternal tendencies, which as stated, made him a founder of the Beachonian Society, guided his steps in early manhood to Odd Fellowship where he soon became a Past Grand and was for several years a member of the Grand Lodge, and to Free Masonry where he so commended himself to the craft that in five years from initiation he was the Worshipful Master of Darcy Lodge, holding that office at the time of his death. The record of Hervey Bell, bright as it was in all that made the man, is even brighter in its example to those who are entering upon, preparing for, or looking forward to their own life's work.

W. R. S.

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## ELLINGWOOD'S MATERIA MEDICA.

If you do not own a copy of Ellingwood's Materia Medica, let me recommend that you make yourself a Christmas present of one; that is, if you are interested in Eclectic Materia Medica. It is very complete, and a thorough guide as to indications, and yet, not too verbose. Ideas are conveyed concisely and in a practical manner. The remedies of "the fathers" as well as those recently introduced are described with a thoroughness which comes from practical experience. You cannot help being benefited after reading it.

It will certainly prove a practical and beneficial Christmas gift to any practitioner or student.

## THE ECLECTIC REVIEW.

In our greeting of January, 1901, we announced the publication of the Review by the College on the 15th of each month, at the price of one dollar a year, and said: "We would fill its pages with original, practical and helpful articles," and that we would have Prof. Fyfe conduct a department of Specific Therapeutics. We feel that we have faithfully kept our promise, and have with each succeeding number increased its value to both subscribers and advertisers.

This is a source of great satisfaction to the publishers. To-day we point with pride to our circulation and believe that the Review is read by more Eclectics in the East than any Eclectic monthly, which makes it one of the best mediums through which to reach our branch of the profession. The department of Specific Therapeutics alone is worth the price asked for the Review. With the new year we shall continue the principal features referred to in our greeting of 1901. In addition we will enlarge the Journal and very likely present Vol. 5 in a new dress.

We can offer no premiums. We believe you will get the worth of your dollar in Vol. 5, and we will be thankful if you will send in your subscription promptly.

## "PILOCARPUS."

By Henry Stoesser, M. D.

Read at September meeting of the New York Specific Medication Club.

"Pilocarpus Selloanus."

Botanical Origin and Description:

Jaborandi was first introduced by Dr. Contintro of Pernambuco in 1874. The shrub is a native of the Eastern provinces of Brazil found growing to the height of four to six feet, the leaflets are oblong, smooth and light brown in color and have a slight aromatic taste,—the flowers are small and consist of a fruit of five two vallid carpels of which each contains a single black seed.

The chief active constituents are Pilocarpine. The hydrochlorate and nitrate of Pilocarpus.

The preparation and doses for a well nourished and developed adult is as follows:

Specific Medicines: (Lloyd) from 5 to 20 min.

Fluid Extracts from 5 to 20 min.

Tinctures by Maceration from 20 to 60 min.

Infusion, from 1 to 2 ℥, and hydrochlor ate or nitrate from 1-20 to ¼ of a gr.

The specific medicines are considered in this paper "only."

Physiologically—Specific Pilocarpus in action is directly opposite to specific belladonna or atropia, therefore, it may be employed to antidote belladonna and vice versa.

Specific Pilocarpus in doses from 20 to 30 min. to aqua ℥ii will quickly cause face and frequently the entire trunk to become flushed, with fullness of pulse followed by perspiration which breaks out in large drops all over the body, the salivary glands secrete saliva in copious quantities, it also increases the secretion from mucous membrane and frequently in large doses causes diarrhea. Again specific Jaborandi promotes rapid secretion and increases arterial tension, sometimes vomiting results, drowsiness comes on followed by an inclination to sleep. Specific Pilocarpus acts upon the mammary glands by increasing the lactial secretions.

Therapeutically Specific pilocarpus has proven through clinical tests to possess valuable diaphoretic and sialogogue properties, and as a prompt efficient diaphoretic should only be used whenever a copious diaphoresis is wanted.

The specific indications for the administration of pilocarpus is a hot, dry skin, dry parched mouth, pulse full and frequent, a short, dry cough, kidneys not able to do their work and the patient restless. Specific pilocarpus is a dangerous remedy if contra indicated when there is feeble heart or a morbid pulmonary circulation from valvular disease of heart or fatty degeneration. In all these conditions it must be given judiciously.

Specifically: Specific pilocarpus is indicated in the forming stages of all febrile diseases with dry, hot skin and functional inactivity of all excretory processes.

In Bronchitis and Asthma, where the cough seems to be the most characteristic, as well as troublesome feature, where the cough is persistent and annoying, generally of a deep bronchial character, but sometimes short, dry, hacking depending upon dryness of mucous membrane without expectoration. Specific pilocarpus as indicated is a positive remedy combined with the appropriate ecxpectorants. In pseudo Membranous Croup when the symptoms have become marked the respiration difficult, the cough metallic, the voice roughened and shrill, the skin dry, pulse hard and frequent, pupils of the eyes contracted, urine scanty and patient restless.

Specific Pilocarpus prescribed as follows for a child of two years:

℞

Specific Veratrum Viridi M. VII.
Specific Gelsemium M. X.
Specific Pilocarpus M. XV.
Specific Lobelia M. VII.
Aqua q S. ad ℥ii.
Sig. ℥i, every hour.

It will relieve the breathing and promote a free expectoration within a very short time.

Specific pilocarpus given to the extent of profuse diaphoresis is a valuable remedy in rheumatism with stiffened, swollen and painful joints, hot and dry skin, especially when combined with the proper remedies indicated in each individual case.

In Dropsy: Specific pilocarpus is a useful remedy as it influences the skin and stimulates the action of the kidneys, especially when hydrogogues are inappropriate or offends the stomach, here it may be given in full doses.

I have employed Specific pilocarpus with great success in the early stages of pneumonia—pleuro pneumonia and in pleurisy and consider it as a specific when we have the hot, dry skin, short, frequent and difficult respiration, pulse hard and bounding, cough dry and hacking, urine scanty with sharp pleuretic pain. Specific pilocarpus is a true galactogogue given in five drop doses four times a day will increase the secretions. Also it is a certain remedy in tardy appearance of the eruptions in eruptive fevers. The advantage of a powerful remedy like "pilocarpus" administered hypordermically is that it offers a powerful means of acting upon the skin and preventing revulsions when patient is unconscious and cannot take internally ordinary remedies.

There is no doubt in my mind that pilocarpus when studied will probably serve other useful purposes.

L. I., New York.

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## THE TREATMENT OF SCARLET FEVER.

By S. A. Hardy, M. D.

In the treatment of Scarlet Fever it is necessary to bear in mind that it is a self-limiting disease, running a certain time and through certain stages, and cannot be shortened by any known treatment. Medicine can only moderate the symptoms and make it milder in form. It being a disease of childhood a large percentage of the cases will be found in children under

six years of age. If there are other children in the family or house the patient should be isolated and placed in a commodious, light and well-ventilated room, from which all unnecessary furniture, carpet and pictures should be removed. A few lithographs and cheap toys may be left in the room for the amusement of the child during convalescence. The temperature of the room should not be below 70° F. and during desquamation from 72° to 74° F.

The vomiting in the first stage of scarlet fever being due to the specific poison of the disease producing a nervous gastric disturbance, should be looked upon as eliminative, and usually does not require any treatment except cracked ice to be held in the month.

I usually begin the treatment as follows, varying the dose according to the age of the child and the severity of the attack:

Tr. aconite m. ii to vi.
Fl. ext. asclepias tub. ℥i to iii.
Fl. ext. phytolaca ℥i to ii.
Syr. tolu ℥iv.
Aqua ad. ℥iii.

M. S. ℥i every hour until diaphoresis is produced, then every two hours. Also some of the herb teas, such as sage, catnip, saffron, chamomile, may be given, to which a little milk and sugar may be added to make it more agreeable to the patient. If the pulse is small aconite should be given; if full, veratrum viride, and if full and bounding, with or without frontal headache, gelsemium should be given. Rhus Tox. may be used when there is great restlessness. These remedies produce a determination to the surface, assists in bringing out the eruption and controlling the temperature. The phytolaca is given for its action on the fauces in reducing the inflammation. The Syr. Tolu to make the mixture more palatable. This treatment is usually all that is necessary in the early stages unless the fever persists in running above 104° when small doses of Antipyrine or Phenacitine may be used with caution for a short period. Quinine, which is a safer remedy, may be given in 2 or 3 gr. doses every 4 to 6 hours. Once or twice a day the patient should have a sponge bath of luke warm water, which may be given more frequently if the fever runs high. The patient's linen and bed linen should be changed daily, care being taken that it has previously been thoroughly aired and warmed. One of the most important features in the treatment of Scarlet Fever is the early irrigation or spraying of the nose and throat. It is a well known fact that many of the pathogenic organisms enter the system through the exudation given off from an inflamed throat or post-nasal passages, and the early irrigation not only washes away and prevents the accumulation of the exudation, which makes an ideal fluid for the propogation of these bacilli, but also adds to the comfort of the patient.

The following may be used:

Natrium Bi Borate ℥i to ii.
Glycerine ℥iii.
Aqua ad. ℥vi.

M. or a 4 per cent. Sol. of Boracic Acid. Either may be used to irrigate or as a spray and if the child is old enough, may be used as a gargle. It should be used at least every 3 hours for a period of from five to eight days. It is not advisable to use Kali Chlorate in this condition as the child is apt to swallow some of the wash and the Kali Chlorate is always contra indicated where there is a tendency to renal congestion.

After the third to fifth day the sedatives should be discontinued and Collinsonia substituted and if there is a cough Lobelia and Sanguinaria may also be given. The Syr. Pruni Virg. may be substituted for the Syr. of Tolu and if there is a tendency to cardiac complications Am. Carb. should be given. The local treatment should always be of the mildest

form as any wash which would have a tendency to increase the irritation of the inflamed parts would facilitate the entrance of the pathogenic organisms into the system, the very condition which we are striving to prevent.

When desquamation begins the patient should be anointed each day with some mild ointment such as the mild Zinc Oxid. or may be dusted with the Zinc Oxid. powder. This is soothing to the skin, assists desquamation, prevents the spread of the contagion and adds to the comfort of the patient.

During the entire course of the disease even in the mildest cases the child should be kept in bed. If, when they are convalescing, they are allowed the freedom of the room, especially when some member of the family is filling the position of nurse, the child may be subjected to some slight exposure, catch cold, and bring on one of the dreaded complications of this disease, Nephritis. The diet should consist entirely of milk to which should be added from 7 to 10 per cent. of lime water, and should be continued until all danger of Nephritis is passed.

The child should be given plenty of cold water to drink in small quantities but at frequent intervals. This very materially assists in keeping the kidneys flushed out thereby preventing renal congestion and also aiding Diaphoresis.

The evacuations should be passed into a vessel partly filled with a solution of any good disinfectant. In the latter stages and during convalescense the bitter tonics and iron are usually indicated.

In the malignant type Baptesia or Echinacea should be given. Some authors recommend small doses of Carbolic Acid. Echafolta is also recommended for this condition if stimulants are indicated they should be given in small and repeated doses.

The several complications of Scarlet Fever, namely, Diphtheria, Nephritis, Endocarditis, Pericarditis, Otitis, Pleurisy and Eclampsia should be met with the remedies indicated for these conditions.

New York City

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## GELSEMIUM, ITS USE IN OBSTETRICS AND DISEASES OF CHILDREN.

By L. L. Jacobson, M. D.

Read at the October meeting of the New York Specific Medication Club.

One of the remedies, too little appreciated, I wish to bring to your notice. Gelsemium, yellow Jessamine, has been used in medicine since the earlier part of the nineteenth century, its properties having been discovered by chance by a planter in Mississippi who took a decoction of the roots by mistake for another plant, and was cured of a severe fever.

The result of a full dose taken into the system is noticed in about half an hour; first dimness of vision or double vision and drooping of the eyelids and a feeling of languor, and if the dose be increased these symptoms are intensified and complete muscular relaxation ensues. The pupils are dilated, but respond to the light; the breathing becomes slower and gasping, and if the dose be lethal, death occurs from failure of respiration. It does not produce nausea. The mind remains clear to the last.

Several cases of poisoning have been reported, but the symptoms are the same in all: complete muscular relaxation, the mind remaining clear, and death from failure of respiration. There is no positive antidote from poisoning with this drug, though strychnine seems to antagonize it and comes nearer filling that position than any other remedy. Other drugs that have been used and proposed as antidotes are coffee, alcohol, opium, belladonna and ammonia. Emetics are useless after the poison has taken effect, for they will not act. As the respiration

fails before the heart ceases to act, artificial respiration kept up until the poison is eliminated offers the best chance of saving life.

Gelsemium was first used in the South and West in treating severe forms of intermittent and remittent fever, and was often successful in breaking them up without the aid of any other remedy, but was more commonly combined with quinine. It was soon found to have many other valuable qualities, especially anodyne and antispasmodic and these with its powers as an antiphlogistic make it peculiarly valuable in the irritable and inflammatory diseases to which children are liable. In the intermittent fevers of children involving the nervous system and producing convulsions, it has been used with success. Where the pulse is rapid, as is usually the case, it is better to combine it with Veratrum Viride. I have used this combination in cases of convulsions of children and was always successful. In Meningitis of children it has proved of great service. In the fevers of dentition you can rely upon it, either alone or in combination with other remedies. For chorea it is the remedy, as I had the opportunity to convince myself. A girl of eight years had been suffering from chorea for several months; of late it was becoming more severe, in spite of treatment. I ordered for her 1-10 grains of Gelsemium in triturate tablets every two hours. After she had taken 40 doses I found her nearly free from the irregular movements, sleeping well and improved in every way.

In dysenteries of children, when there is much tenesmus, Gelsemium gives great satisfaction. It relieves pain in infantile rheumatism and subdues the fever and inflammation.

I am using Gelsemium in obstetric practice to control those irregular pains that wear out the patient before labor begins in earnest. In such cases a full dose of Gelsemium will act like a charm, quieting not only the pains, but the restlessness and giving a feeling of comfort until the regular pains commence. In cases of rigid os it acts promptly and efficiently, relaxing not only the os uteri but the vaginal outlet as well, and without interfering with, but rather giving tone and steadiness to the regular labor pains. It is in these cases of rigid os, and unrelaxed cervix where laceration is so liable to occur, that Gelsemium is peculiarly appropriate If this remedy were more often used in labor, in cases of rigid os, there would be fewer cases of lacerated cervix For after-pain it is our best remedy.

In cases of ovarian and uterine neuralgia, where we can find no organic disease, and in those cases where the disease is not serious enough to warrant surgical interference, this remedy, either alone, or in combination with canabis indica will render good services. And in cases of dysmenorrhea, where the surgeon is helpless to relieve except by removing the ovaries, and where the patient worn out by her constant recurring distress, is driven to despair or to the habitual use of opium, Gelsemium offers us another means of relief that is often successful.

In menorrhagia it has been used with benefit. For leucorrhea it has long been held in high repute by many practitioners.

For hysteria I prefer it to any other remedy; and for the large class of irritable, nervous women, subject to the blues and hypochondria, it will clear the atmosphere as nothing else will. It has been successfullly used to relieve cramps, vertigo and wakefulness during gestation.

It is well to commence with small doses on account of the susceptibility of some patients, and then increase until the physiological effects are produced, or

the desired result is accomplished. In small doses, it is tonic and stimulating to the nervous system, while in large doses it is prostrating.

New York City.

## DR. THOMPSON'S CASE.

Editor of the Eclectic Review:

I was very much interested in the rare case reported in the October number of the "Review," which was presented by Dr. G. W. Thompson at the September meeting of the Eclectic Medical Society, City and County of New York. The Doctor had previously delivered this woman of three children, and, as he states, "knew there should be no delay in reaching the case." Found labor had been in progress for two hours. Os was fully dilated and on rupturing the membranes the third pain finished the second stage of labor. The interesting part of the delivery was the absence of loss of blood either during or after the expulsion of the placenta, besides the bloodless condition of the placenta itself. Such cases are seldom met with at the present time; the reason of this rarity must be ascribed to civilization, mode of living, etc.: This is what I would call a "typical normal labor." Cases of this kind are frequently converted into abnormal ones by powerful contractions of the uterus (intended for the safety of the patient), prematurely separating the placenta, but in this instance everything went off normally.

It is a well known fact that little or no blood enters the placenta during a uterine contraction, but during the interval of rest circulation is resumed. Nearing the end of the second stage of labor the uterus is frequently in (almost) atonic state of contraction; the intervals of relaxation being very short, allow little or no blood to enter the placenta from the uterine sinuses. The small amount of fœtal blood in the placenta at the time of birth is forced by the squeezing of the uterus through the umbilical blood vessels into the fœtus; in such cases a bloodless placenta would be the result.

Failure to cause blood to show shortly after delivery by friction over the fundus of the uterus, as well as the absence of after-pains (which only occur in a relaxed uterus), further verifies the presence of firm, persistent uterine contractions.

The slight flow of blood which came on the next day and lasted four days, was simply due to the relaxing of the uterus, which usually follows delivery within 24 hours.

M. AUGSBURGER, M. D.,
Brooklyn, N. Y.

## ACONITE.

By R. A. Toms, M. D.

Scientifically, Empirically, Clinically.

In the treatment of conditions characterized by an elevation of the normal body temperature, various proceedures for the control of fever have from time to time been suggested and numerous remedies have been recommended and used. Some with apparent benefit and others with little or no result. It is possible that the majority of the remedies used have their advantages in certain selected cases of hyper-pyrexia, but, I believe, of all anti-pyretics, anti-phlogistics or circulatory sedatives, Aconitum Napellus is by far the oftenist indicated, as well as the most useful.

Scientifically considered aconite is said to be a powerful depressent in its action on sensory nerve ends and on the nervous and muscular apparatus of the heart. It stimulates first, but soon relaxes the inhibitory apparatus of the heart, and finally paralyzes the vagus terminals and the spinal cord. Its primary stimulating action on the vagus centre inhibits to a degree cardiac activity and the secondary depressing action on the motor centres continues the inhibitory effect.

These various actions partially, though

perhaps not fully, explain the beneficial effects of aconite when administered to control inflammatory action.

Considering acute diseases as primarily a local irritation causing a blood stasis or local congestion (either central or peripheral) it may be that the primary action of aconite paralyzing the sensory nerve terminals thus relieves the irritation and allows capillary relaxation and frees the circulation at the local point of irritation. At any rate, the beneficial effects of the drug are more particularly, if not exclusively, noticed where the condition of the pulse shows a contracted condition of the blood vessels.

While a great many remedies are administered empirically in many cases with the greatest amount of benefit, I believe that aconite should take first rank with the scientific therapeutics of acute febrile diseases. Whether its beneficial effects are due to its paralyzing action on the sensory terminals or to any other vaso-dilating action the fact remains that when administered under proper indications, relaxation takes place and an improvement is manifested.

Potter, in his manual of materia medica and therapeutics, says that "Aconite is of the greatest value in all affections characterized by a high resisting pulse, a dry, hot skin and elevated body temperature," and recommends that it be administered in *small, oft-repeated doses.*

Ellingwood, in his valuable work (without which no physician's library is complete) says that aconite is specifically the sedative in *sthenic* fevers. He gives as indication small, hard, quick pulse; hot, dry skin and suppressed secretions, etc., irrespective of the name of the disease or without waiting until it can be named. (When it might be too late for aconite to be of service.)

Aconite should be the first remedy thought of in the treatment of acute disease, but it should be remembered that there are important limitations to its use, and it is of these contraindications that I wish more particularly to speak. I do not consider that a slight cardiac weakness is necessarily a bar to the use of aconite, providing the pulse is small and wiry. I believe that under those circumstances it is more of a cardiac stimulant, as it causes capillary relaxation and thus removes an impediment to the circulation. It should be administered, however, in very small broken doses and not carried too far.

Aconite is not the remedy in continued fevers of an asthenic type. After the first day or two its range of usefulness is at an end and it should be discontinued, else it will aggravate rather than relieve.

I have seen cases of typhoid fever where aconite was used throughout the course of the disease. In two cases which I remember particularly they were running into the fifth week, heart weak, no gain of strength and a morning and evening temperature of 101° and 102°, respectively. In both cases the aconite was stopped, a tonic treatment was inaugurated and in 24 hours the temperature was normal and a rapid convalescence followed.

I have seen its effects in other asthenic conditions and it is certainly not the remedy under those circumstances. Aconite should certainly not give way as an antipyretic to the synthetic coal tar derivatives, as scientifically and clinically it is vastly superior to any or all of them. Care should be exercised, however, that a proper tincture is obtained in order to get the best results and I am inclined to believe that the setting aside of aconite for one of the synthetic antipyretics is largely due to a failure to obtain good results with the various unreliable preparations ordinarily obtainable at drug stores, some being dilute fluid extracts and others being made from some old, dried-up crude drug and almost inert. Another factor which may have contributed to the setting aside of aconite is the mistake of administering

the drug in large doses. Used in small, oft-repeated doses, under proper indications, a reliable tincture of aconite will not disappoint.

752 Wendover Ave., New York City.

DEPARTMENT OF

## SPECIFIC THERAPEUTICS.

Edited by

JOHN W. FYFE, M. D.

All articles for this department, and books for review upon the above subject, should be sent to Dr. J. W. FYFE, Saugatuck, Ct.

"A Merry Christmas and a Happy New Year to you all," dear readers of the REVIEW.

### BRONCHITIS.

Throughout the fall and winter months acute inflammation of the bronchial mucous membrane constitutes one of the most common departures from health likely to come under the observation of the general practitioner of medicine. It may, therefore, be well at this time to think over its prominent features. As is well known, it occurs in various grades of severity, ranging from slight attacks to intense inflammation of the bronchial structures. Its most frequent causes are exposure to severe cold, rapid suppression of perspiration, sudden changes of temperature, and improper clothing. The symptoms of acute bronchitis are, of course, somewhat varied, in accordance with the severity and extent of the wrong, but it usually begins with a slight chill, or at least, a chilliness, a harsh cough, elevated temperature, scanty and high colored urine, more or less soreness in the throat, and a sensation of soreness in the post-sternal region. The vesicular murmur, at first dry, becomes moist as secretion is established. On percussion points of dullness may be found, and moist rales are sometimes marked. The expectoration, which at first is scanty, in a few days becomes yellowish and profuse. As secretion is established and the case improves, the cough becomes less troublesome, the soreness in the chest decreases, the fever disappears, and the patient is usually convelescent in from six to twelve days.

A patient suffering from bronchitis should be kept warm in bed, and the sick-room should have an even temperature of about 70° F. The digestive organs should be carefully looked after, and, if possible, kept in a condition to digest and assimilate hot milk and chicken, beef or mutton broth. The upper part of the chest should be covered with a piece of flannel on which has been spread lard and compound powder of lobelia. This application should be renewed daily. If the flannel is covered with cotton batting and a hot water bottle kept near the patient's chest an influence will be exerted toward causing a determination of blood to the surface and relieving internal congestion. If the heart is weak cactus or crataegus, as indicated, should constitute a part of the treatment. In the average case of bronchitis a few doses daily of cactus, from beginning to convelscence, will do a considerable more good than harm. Otherwise the abnormal state should be treated in accordance with specific indications. At first and until the temperature begins to decrease, aconite or veratrum should be employed. Bryonia is usually indicated from start to finish. Belladonna is a remedy of merit when there is dullness, drowsiness, blueness of the face, deep mucous rales, or dryness of the throat. If there is laryngeal irritation or sore throat collinsonia will be suggested. Nervousness and irritability, with dilated pupils and sharp irritable cough, should be met with hyoscyamus. A flushed face, unnaturally bright eyes and contracted pupils will frequently demand

the exhibition of gelsemium. In one of my recent cases gelsemium and phytolacca were the only remedies indicated, and the case was successfully treated with these two remedies alone. Oppressed breathing, diminished expectoration, mucous rales and hypersecretion constitute marked indications for ipecac. If there is scanty secretion, rapid respiration and an irritating cough, lycopus will give the patient much relief. When there is a deep, constant, harrassing cough and copious muco-purulent expectoration prunus should be added to the treatment. An irritating, tickling cough, with a burning sensation in the throat and an expectoration of purulent sputa streaked with blood, is modified by small doses of sanguinaria. Tartar Emetic should not be neglected when the cough is accompanied by sub-crepitant rales. In sub-acute inflammation and in capillary bronchitis it is also an efficient medicament.

In many cases of bronchitis occurring in the aged and in children, the triturated salts, especially Ferrum Phos. and Kali Mur., constitute remedial agents which are efficient, direct and pleasant.

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## CROUP, OR CATARRAHAL LARYNGITIS.

The following abstracts, in substance, are taken from an able article by Dr. W. N. Mundy, in the *Eclectic Medical Gleaner:*

Laryngitis is croup of the child, and yet it differs very materially from that disease in the adult. This difference is owing in part to the imperfect development of the larynx in the child, as compared with the adult, and, to a limited extent, the difference in progress and results of the inflammatory action. We recognize three forms of laryngitis—catarrhal, membranous and spasmodic.

Catarrhal Laryngitis, or Croup, is the most common form of the disease in our Northern and Western States. It varies in intensity in different localities at different seasons and in different persons. In the late autumn and early winter, and in the spring, when winter is breaking up, it is the most prevalent.

Etiology.—The cause of this, as well as other forms of croup, is cold, with arrested secretion and derangement of the circulation. Why it should particularly affect the small surface of mucous membrane lining the larynx, we are unable to say. Age is an important predisposing cause of the disease, which is most common between two and five years of age.

Pathology.—This is a true inflammation of the mucous membrane of the larynx, though not of an active character. It is sufficient, however, to cause an increased circulation of blood to it, some impairment of the capillary circulation, and an increased activity of the mucous follicles.

There is but little thickening of the mucous membrane; indeed, all there is depends upon the increased distension of the blood vessels. We have, therefore, to look somewhere else for the cause of the difficult breathing, which is so prominent a symptom. This is partly owing to accumulations of mucus in the larynx, but principally, to contraction of the intrinsic muscles of the organ, from the irritation of the mucous membrane.

Symptoms.—Frequently for a day or two before the attack the child will have had symptoms of cold, with slight cough. Both cough and voice are frequently a little hoarse and rough, and would be recognized by a person acquainted with the disease as croupal.

The attack of croup occurs most frequently at night, though it may be in the day time. The child seems to be suffering more with its cold during the evening, and still it is not sick. But along about the middle of the night the child starts out of sleep with difficult respiration, a hoarse voice, and a croupal cough. The respiration is rough and

noisy, the cry hoarse and feeble, except when a great effort is made, when it becomes shrill and piping. At first the difficulty of respiration is intermittent, but after an hour or two it becomes permanent, and there is a peculiar whistling or gurgling sound as the air passes into and out of the larynx. As the disease progresses the difficulty of respiration becomes more marked, and the cough is hoarser, has a peculiar metallic tone, and the voice sinks to a whisper. If the child sleep mucus accumulates in the throat, the breathing becomes more and more difficult, until at last the child wakes with symptoms of asphyxia. At first the skin is dry, its temperature increased and the pulse full and hard. But as the respiration becomes more difficult, a cold, clammy prespiration breaks out, the extremities become cold, and the pulse frequent and feeble. The disease runs its course in from twelve to twenty-four hours, terminating in a subsidence of the disease or death.

Diagnosis. — The hoarse, metallic (croupal) cough with hoarseness and change of voice, is sufficient evidence of croup, but it does not inform us which of the three varieties it is. In mucous croup there is the slight febrile action to distinguish it from the spasmodic variety, and the evident presence of mucus in the larynx manifested by the rattling sound on auscultation, and, when the patient coughs, which distinguishes it from the pseudo-membranous form. The evidence of increased secretion of mucus in the throat is the diagnostic feature of this disease.

Prognosis.—Though some cases of mucous croup are very severe, and require careful and close attention, yet we may regard the prognosis as favorable. I do not think the mortality should exceed from two to five per cent.

Treatment.—Three methods of treatment may be pursued, and either of them will give success if properly carried out; or, if the practitioner chooses, he may take a part of each and form his own treatment out of it.

Emetic agents may be used in the treatment of croup with success, and we will consider this use as the first plan. The objects we wish to accomplish are, first, relaxation of the larynx to give better respiration; second, to produce sedation, and thus lessen inflammatory action; third, to increase secretion, and thereby get a material less tenacious and more easily removed, and at the same time deplete the engorged vessels of the part. For this purpose emetics should be used in small doses, frequently repeated, so as to produce nausea and its effects—relaxation and sedation—without emesis. I prefer preparations of lobelia, but other nauseant emetics may be used with good results. The acetous emetic tincture of our Dispensatory will be found to fulfill all the indications.

Aconite alone is the principal internal remedy in the second plan of treatment. I have no doubt of its specific action in this case, even in small doses. I woud prescribe it in the proportion of: ℞. Specific aconite, gtt. j to iij; water, ℥iv; a teaspoonful every fifteen minutes. Veratrum may be used in some cases in the proportion of gtt. v to gtt. x, to water, ℥iv, and alternated with the aconite. Bichromate of potasium is frequently combined or used in alternation with either of these, grs. j to water, ℥jv; a teaspoonful every fifteen or thirty minutes.

The external remedy in this, as well as in others, is the application of the stillingia liniment to the throat over the larynx. It may be applied with the finger or a piece of soft flannel or cotton, and the application repeated every half hour or hour. In some cases this remedy locally applied is all-sufficient for a cure, and relief will be noticed within an hour. Occasionally we administer it internally

in doses of half a drop to three drops on sugar; it may be repeated every half hour or hour. I greatly prefer the second plan of treatment.

When the breathing is very difficult, hot water may be applied to the throat with flannel cloths assiduously, until relief is obtained. This part of the treatment is of much importance, and requires that the application of heat must be constant, and that the surface is not allowed to be chilled by exposure as the cloths are changed, or by wetting the clothing.

The third plan of treatment is by the use of inhalations, the vapor of water or vinegar being the basis, and medicated as the case seems to demand. If neither spray apparatus nor croup kettle are at hand, we may use a tin vessel containing the fluid and a hot iron to raise the vapor. A preparation of pepsin, or equal parts of vinegar and water make a good inhalation; or if the sounds are whistling, lime water should be employed. An infusion of hops or tansy also makes a good inhalation.

With either of these plans of treatment the hot application to the throat is important. But when it cannot be employed, we will apply the stillingia liniment, or in place of this, a cloth sufficiently large to cover the throat and upper part of the chest, is spread with lard and freely sprinkled with the compound powder of lobelia and capsicum, and applied.

## "SKIM AND FILTER."

The careless manner in which some writers prepare their articles for publication is a frequent source of regret to numerous readers of medical journals. Many times the author's meaning is made doubtful by an arrangement of words which was apparently written without due cosideration. A writer for the press should endeavor to present his thoughts in sentences so carefully worded that his ideas cannot be misunderstood, and almost any doctor can construct such sentences, providing he is willing to give sufficient time and thought to the work. In an article addressed to inexperienced writers, the late Prof. A. J. Howe, who was a man of superior education and one of the most lucid writers of his time, said:

"I politely suggest that you go to work *to-day*. Make note of a thought, expand and modify it to-morrow, look up the topic in medical literature at your command. Arrange material in a way to make ideas carry force with them; rewrite several times, generally improving each revision. Erase now and then, boil down, simmer, skim, filter, and set aside to cool. Then steam up again, and remove rough places and unnecessary abbreviations. E does not always mean Ergot, and it may be taken for Everlasting or Eli. Don't repeat the same idea, but hunt for a new one. Avoid having the same word occur too often—seek a synonym. It requires downright labor to write a readable composition. It is well enough to pray for inspiration, but better to knuckle down to honest labor."

## OPIUM POISONING.

In his monograph on the permanganate treatment of opium and morphine poisoning, Dr. Moore explicitly presents the following important points in the treatment: "One grain of the antidote in one ounce of water for each grain of morphine. One grain of potassium permanganate in one ounce of water for each ten grains of opium. One grain of the antidote in one ounce of water for each drachm of laudanum. If the quantity of the poison injected cannot be ascertained, eight or ten grains of the antidote dissolved in an ordinary glassful of water should be given at once, and this dose repeated once or twice at intervals of thirty minutes. A weak permanganate solu-

tion, about one grain to a tumblerful of water, should be administered every thirty minutes during the entire stage of opium narcosis, and even for sometime afterwards at intervals of one hour. One grain of permanganate dissolved in one teaspoonful of water should be injected hypodermically every thirty minutes, with simultaneous massage near the site of injection."

## CRATAEGUS.

Crataegus Oxyacantha should be given a prominent place among our heart remedies, for both functional and organic affections. In enlargement of the heart with valvular wrongs, and in angina pectoris with aortic regurgitation its action is direct and promptly beneficial. In neuralgia and rheumatism of the heart, and in the various forms of palpitation with vertigo it is an efficient remedy. In shortness of breath, rapid and feeble action of the heart, accompanied by marked anemia, crataegus constitutes a medicament of great value. In a recent case of extreme heart murmurs with palpitation, pain and marked dyspnœa its action was most gratifying. Don't make any mistake about the dose of this drug. It is from five to fifteen drops of the fluid extract, and from five to twenty drops of the specific medicine. In my own practice the best results have been obtained from five drops of the specific medicine in a little water every three hours.

## FORMALDEHYDE.

In the treatment of diphtheria, Dr. A. N. Blodgett considers formaldehyde a remedial agent of great curative power. He keeps his patients constantly exposed to the inhalation of its vapors by the evaporation of a two per cent. solution of the formaldehyde of commerce. A sufficient number of towels or pieces of cloth saturated with the solution to insure a continuous saturation of the air with the disinfectant are kept constantly hung up in the patient's room. The doctor says that a patient with diphtheria can be kept for weeks in such an atmosphere without experiencing any irritation from the gas, and that the employment of the remedy in this way is absolutely free from danger or discomfort to the patient, even if the air of the room becomes very disagreeable to those entering it. The use of formaldehyde in this manner also affords protection to the attendants.

For congested or relaxed mucous membrances, in the common catarrhal troubles of the air passages so prevalent now, try this local application with a spray apparatus that will throw oil. ℞. Liquid alboline, ʒiij, menthol and camphor, aa, grs. xxx. Mix, and use but a small amount locally three or four times a day. We usually add from one and a half to three grains of iodine crystals to the prescription. It increases its stimulating and astringent qualities, and, we believe, makes a better remedy. Used judiciously and persistently we believe this remedy will assist in the cure of a very great number of cases of chronic nasal or bronchial catarrh, when the indicated remedy is given with it. Besides its effect is so pleasant and satisfying to the patient.—*Dr. W. E. Bloyer.*

## ECLECTIC MEDICAL SOCIETY OF THE CITY AND COUNTY OF NEW YORK.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held at its assembly rooms, No. 239 East Fourteenth Street, on Thursday evening, Nov. 21, Dr. F. L. Morhard, vice-president, in the chair, and Dr. Henry J. Doll, secretary, recording.

Communications received from Drs. E. B. Foote and J. Howard Yarnall were read and ordered placed on file.

Drs. Henry W. Graves and Armin Nettle were balloted for and elected.

The essayists for the evening, Drs. John T. Sibley and J. G. L. Gaedeke, read their papers respectively in the order mentioned.

Dr. Sibley's paper, entitled "Massage and its Relation to Suggestive Therapeuties," covered the history of suggestion from the earliest times among various nations down to the present day. The several systems were also spoken of at some length, and suggestion as induced by massage was treated in a similar manner.

The paper was discussed by Drs. Krausi, Brandenburg and Gaedeke.

Dr. Krausi learned from the paper that the subject treated by the essayist was one of very great importance and suggested that every member study the subject thoroughly.

Dr. Brandenburg criticised the paper by saying that the author ought to have gone into more explanations of the subject in hand in order to elucidate the many vague statements on the philosophy of the workings of suggestion.

A vote of thanks was tendered Dr. Sibley for his interesting paper.

Dr. Gaedeke's paper, under the caption "A New Method for the Treatment of Uterine Diseases Due to Disturbances in the Endometrium," was more in the nature of a demonstrative lecture than a paper, for during the progress of what he said many styles of his instruments were shown, and chemical experiments, performed to prove the electrical action of these instruments.

This paper was discussed by Drs. Heeve, Herzog, Krausi and Toms. A committee, consisting of Drs. Arvine, McGinnis and Heimbecker was also appointed to examine the patients brought to the meeting by Dr. Gaedeke and report their finding to the Society.

Dr. Heeve dilated on the fact that the essayists neglected to mention the names of the metals which enter into the construction of the instruments, brought before the Society.

The essayist immediately stated that Rhodium and Gold were the metals.

Dr. Herzog criticised the paper in several points, and maintained that he saw no advantage in this new method of treating the above diseases over the old.

The committee examined the patients and reported them all as greatly improved after using the instrument.

Dr. Gaedeke received a vote of thanks from the Society for his paper.

Drs. Krausi and Boskowitz were appointed as a committee to represent the County Society in a joint committee of the Brooklyn County Society, The Specific Medication Club and the New York County Society to present the beautiful memorial to the family of the late Professor Henry Armgardt.

About thirty-five members responded to the roll.

Henry J. Doll, M. D.,
Secretary.

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## NEW YORK SPECIFIC MEDICATION CLUB.

The Club held its November meeting at their rooms, 239 East 14th St., Thursday evening, Nov. 14th. Dr. S. A. Hardy read a paper on the "Specific Treatment of Scarlet Fever," and Dr. Herman Scaison one on "Cod Liver Oil." Both papers were discussed at length—making this one of the most interesting meetings of the year. The Secretary-Treasurer, Dr. H. J. Birkenhauer, read the report of the year, which proved most satisfactory to the members present. It recorded nine meetings with an average attendance of twenty; sixteen essays read and discussed, and a comfortable balance in the treasury of the Society. A vote of thanks was tendered Dr. Birkenhauer for his faithful services, he having been Secre-

tary-Treasurer of the Club for the five years of its existence and being re-elected on this occasion. He resigned and Dr. W. J. Krausi was elected Secretary-Treasurer for the ensuing year.

## SELECTIONS.

In making applications to the throat do not have your applications "dripping" wet with the remedy. Sometimes some of the medicine drops into the larynx and the coughing defeats your efforts.—Medical Summary.

## NIGHT TERRORS.

The great therapeutic power of rhus toxicodendron is perhaps in no case more fully shown than in its speedy control over that form of nervous excitement which so frequently causes children to start up and cry out from fright, and awake from sleep in a terrified manner. It is here a positive specific. With this remedy in his case, the doctor need have no doubt that he can soon relieve the anxiety of all mothers whose little ones suffer from what they aptly designate as "Night Terrors."—Massachusetts Medical Journal.

A New Method of Treatment of Initial Syphiloma.—Leone Levi claims that his method is new, the means used for its application not being new, however. He cauterizes the syphiloma preferably by means of the galvanocautery. Certain practitioners in the past cauterized a syphiloma perhaps once; the author does it, if necessary, a thousand times, until the treatment determines an intense local inflammation of the tissues. This makes of the syphilide a mere local infection, preventing constitutional infection with all its consequences. He describes his method in detail, and claims absolutely successful results in thirty-two cases.—La Riforma Medica, July 19, 1900.

## LATE RESULTS IN INOPERABLE SARCOMAS TREATED WITH THE MIXED TOXINS.

W. B. Coley began his experiments almost devoid of danger. Out of 600 cases about ten years ago, but in the past three years has not changed his technic. The best results are obtained in the spindle-celled sarcoma, which shows cures to occur in 50 per cent. of the cases. Only about 3 per cent. of cures have been effected in the round-celled sarcoma. The treatment should be tried only in inoperable cases. The injection of the toxins is almost devoid of danger. Out of 600 cases treated, but two have been fatal from resulting erysipelas. The treatment is useless after metastasis has occurred. It is likewise useless in melanotic sarcoma and in lymphosarcoma. The speaker has had 15 cases pass the three-year limit; of these 8 were of the spindle cell variety. One case recurred after eight years, another after three and a half years. Several of these cases had sarcoma of the parotid gland. The treatment may be kept up a year or more without harm to the patient. The mixed toxins appear to inhibit to some extent the growth of carcinoma, but do not effect a cure. The author advises this treatment in all cases of inoperable sarcoma.—American Medicine.

Cysts of the Breasts: Their Relative Frequency, Diagnosis and Treatment. By Thomas Bryant.—From his experience the author concludes that cysts of the breast are far more common than generally supposed, and that they are chiefly found in women during the same period of life as that in which cancer occurs. They are mostly amenable to local treatment without sacrifice of the breast glands in which they are situated, and there is no reason to believe that women who have these cysts are more prone to cancer than those who do not have them.

He carefully analyzed his notes of cases, and found that they suggest the conclusion that out of every four cases of tumor of the breast more or less simulating cancer, one at least will be cystic or of a simple nature. He thinks these are originally involution cysts in most cases. Their diagnosis may not always be easy, especially when in a middle-aged woman with a hard, slow-growing lump in the breast, and without any history of influence of lactation or any inflammatory breast condition. A careful medical examination should be made, and, if the surgeon's sense of touch is keen enough to detect elasticity in the swelling, or even fluctuation, the diagnosis of cyst may be hazarded. If a clear serous fluid can be made to flow from the nipple, by manipulation or pressure on the tumor, the probability of the cyst being a simple one is much enhanced. If the fluid is brown or blood-stained, the possibility of intracystic growth of some kind is suggested, and, if more like pure blood, the presence of a soft growth, sarcomatous or carcinomatous, should be feared.—Lancet (London).

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## SOME PHASES OF THE CANCER QUESTION.

By Roswell Park, M. D.

Cancer always begins as a local manifestation. Both ante-mortem and post-mortem studies are necessary to determine the course of the disease. Park has held for fifteen years that cancer is an infectious disease. The specific cause is believed to be due to a protozoon which is exceedingly polymorphic. All observers have seen the same cells, but have called them by different names. He thinks, however, that many organisms may enter into the causation of cancer. The subject must be studied from a biologic and chemic standpoint. This the speaker and his colleagues are attempting to do at the University of Buffalo. The small hyaline bodies which are believed to be the specific cause of cancer have been found plentifully in abdominal ascites of animals suffering from visceral cancer, and in all cancer scrapings. They are lighter than fluid and hence are seen near the glass slide in hang-drop.

The speaker said that Dr. Galard could state positively that all sarcomas and carcinomas contain parasites, and that these parasites are not the fungus growths observed by the Italians. He would not say, however, that the fungus growths never produce cancer. The great difficulty arises when attempts are made to cultivate the organisms believed to produce cancer. This must be done in living animals and not in media. In this connection the nature of the vaccine virus has thrown some light on the subject. The experiments of Coplin and Funke with vaccine virus were referred to with approval. The author said fluid containing the supposed germ of cancer was injected into 14 guinea-pigs, all of which died; the average length of life after injection was fifty days, whereas fluid injected into fresh guinea-pigs from those already inoculated caused death on the average in twenty-five days, showing that the virulence increases with inoculation. Animals dead of cancer have the germs in the peripheral blood. In one case of Hodgkins disease the germs were found in the peripheral blood seven days before death. There appear to be two forms of the injection: (a) that which attacks the lymph-nodes, and (b) that which attacks the spleen. The organisms may remain in the lymph-nodes after the latter are removed and dried, and may then be used for injection into animals. Spontaneous retrocession of cancer may occur, and this is not inconsistent with the germ theory. In a later discussion Park said all animals that had been artificially inoculated had died. A full report would later be made of all their work.—American Medicine.

## ITEMS.

Subscribe now. Don't proscrastinate.

James Hervey Bell, M. D., died Dec. 3d.

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## COSMOPOLITAN HOSPITAL SOCIETY.

The Ladies' Auxiliary of the Cosmopolitan Hospital Society held their second annual ball on Thursday evening, Dec. 10th. The occasion proved most enjoyable and was very well attended. The following are the officers of the Society: Miss A. Simpson, President; Miss Toff, Vice-President; Miss Kaufman, Secretary; Dr. J. Oshlag, Treasurer.

Dr. King adds a postscript to his articles on Dressing for Fractured Patella in the November Review like this: The dressing is not patented; any good blacksmith, with proper instruction, can make the irons; a physician competent to treat a fracture can prepare the other parts and he should be ready with a prepared combination of the dressing for use. Remember to have the irons longer than necessary instead of too short. If the first set of irons obtained are not of proper length try again. It may be an advantage to have different lengths of irons on hand.

The thousands who have enjoyed John Uri Lloyd's "Stringtown on the Pike," "Etidorhpa," "Warwick of the Knobs," and more recently his inimitable satire, "The Mother of Sam Hills Wife's Sister," which appeared in the September Criterion—will receive with pleasure the announcement that the second story of the "Sam Hill" series, "The Wafted Wife of Sam Hill," will appear in the Christmas Criterion (December). Professor Lloyd's style is distinctly unique, vigorous, and wholly free from the objectionable features which often mar satirical writings. His great success in the literary field is peculiarly noteworthy since his chosen life work is primarily scientific research. Unquestionably Professor Lloyd has the promise of many high honors in his production of enduring fiction.

## VACCINE VIRUS.

Extract from letter of Parke, Davis & Co.:

G. W. Boskowitz, M. D.,
Editor Eclectic Review,
New York, N. Y.

Dear Sir:—We respectfully ask you to apprise your readers, on the faith of our positive assurance to you, that not one of the recent tetanus fatalities following vaccination at Camden, Atlantic City, Bristol, Brooklyn, Cleveland and St. John, N. B., succeeded the employment of our Vaccine Virus. In not a single solitary one of these cases was our Vaccine used. If we can prevent it, no physician or pharmacist shall labor under the false impression that a fatality has ever followed, either by coincidence or by cause and effect, the application of vaccine virus or serum bearing our name.

Very respectfully yours,
PARKE, DAVIS & CO.

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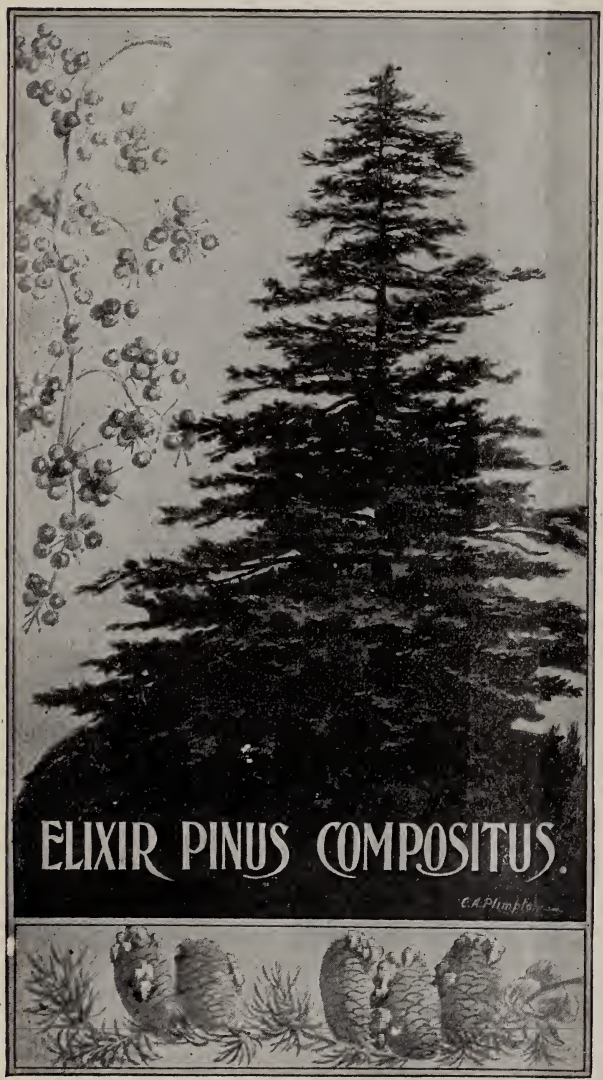


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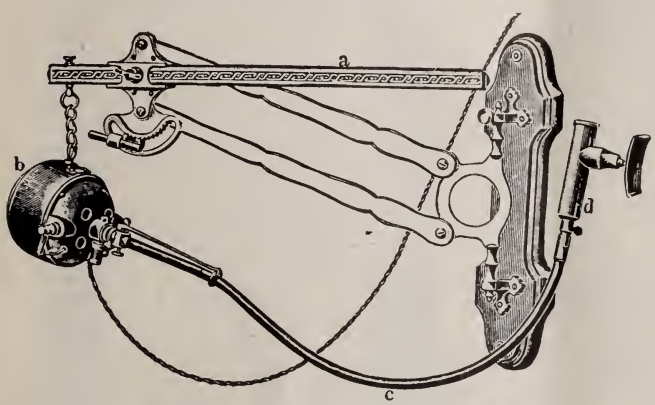


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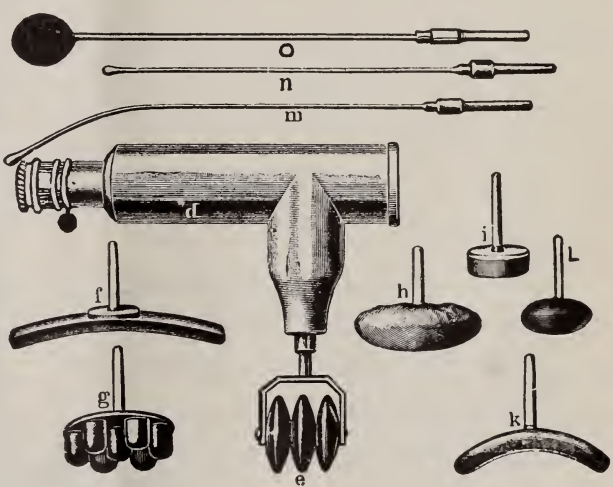


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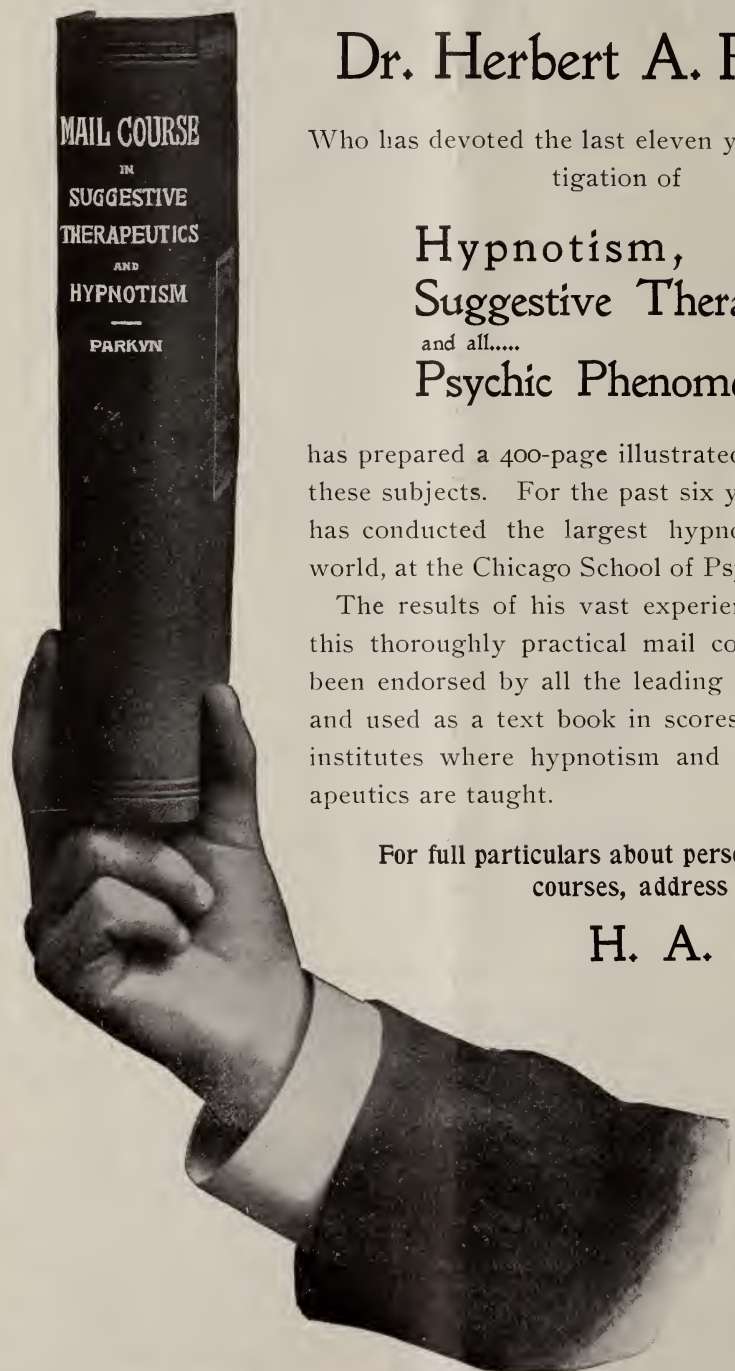


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